Promoting Wellness: Incorporating Health Care into Advocacy

Project Connect 2.0 Quarterly Webinar
How to use this technology

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- Q & A
- Send a private chat message to “Host” for help
- Slides, a link to the recording of the webinar, and the text from the chat field will be emailed to all participants
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Agenda for today’s webinar

• Health Care After Violence

  *Olga Trujillo*

• Health Assessment as Safety Planning

  *Virginia Duplessis*
Speakers

Olga Trujillo
Futures Without Violence

Virginia Duplessis
Futures Without Violence
Health Care After Violence
Impact of Abuse

- Physical Impact
  - Injuries
  - Chronic Conditions
- Psychological Impact
  - Trauma
  - Dissociation
  - Accommodating/Agreeable
Impact of Abuse

- Physical Injuries
  - Broken bones
  - Gynecological injuries and infections
  - Tears in my colon

- Chronic Conditions
  - Asthma
  - Fibromyalgia
  - Endometriosis
Poll Question

Have you ever worked with a patient or a client who has presented with these kinds of physical health issues?

- Yes
- No
- Not sure
Impact of Abuse

- Psychological Impact
  - Trauma
    - PTSD
  - Dissociation
    - DID
    - Learned to Dissociate Through Pain
    - Body Memories
  - Anxiety Disorder
Impact of Abuse

- Difficult to Care for My Health
  - Didn’t Know When to Go to the Dr.
  - Dissociating
    - Through Pain
    - Through Appointments
  - Anxiety
  - Accommodating/Agreeable
Have you ever worked with a patient or a client who has presented with these types of psychological trauma?

- Yes
- No
- Not sure
Proactive Approach

• Learned to:
  o Talk to my doctors about my history
  o Took control of my appointments
  o Ask for changes in procedures
Proactive Approach

- Meet with each new doctor before exam
- Discuss how I need exam conducted
  - Talk about what is needed
  - Talk about what will happen
  - I give the okay
  - We stop when I want to stop
Proactive Approach (continued)

- Discuss past and present as part of care
- Raise issues that make the visit harder
  - For example: questions over and over about pregnancies
  - Questions about sexual activity in the past
- Bring a friend to sit in the exam
- Referrals
Poll the audience

Are there other changes you’ve made to your practice to help accommodate or support a patient?

(Please type your answer in the chat box and elaborate on how your practice changed)
What Did We Create?

- Proactive Approach to Take Care of Myself
- Better Care
  - Better able to diagnose problems
- Partnership in Care
- Rewarding Relationships
- Referrals
Call to Action

- Advocates – become a health advocate
- Many women need to care for their health after violence due to injuries.
For Survivors
Provides Information about Violence & Trauma
Proposes a Proactive Approach

TAKE CHARGE OF THE VISIT

If you’re worried that you might “space out” or dissociate during your visit, make a plan with your health care provider for how you can feel more in control of exams and other visits so that you can remain aware and participate in decisions.

If you are unsure what to ask for, consider this trauma-informed healthcare approach you can share with your provider:

1. The healthcare provider and fully dressed patient meet before the physical exam to discuss the reason for the visit and to review the procedure step-by-step.
2. The provider leaves and the patient changes clothing for the physical exam.
3. During the exam, the provider waits for the patient’s approval before every step. For example, the doctor might say, “Now I’m going to lift your gown and push hard on your abdomen, OK?” The patient indicates whether or not the provider is OK to proceed. If the exam can’t be completed, the provider and patient agree to reschedule it and discuss ways in which the procedure might be made easier, if possible.
4. After the exam is completed, the patient has the option of getting dressed again before discussing possible next steps with the doctor.
5. To the extent possible, the provider leaves the patient with written follow-up information, diagnoses, and next steps.

Change these steps if needed so that they feel most comfortable for you.

THESE FREE CONFIDENTIAL HOTLINES ARE AVAILABLE 24 HOURS A DAY WITH ACCESS TO LANGUAGE INTERPRETERS. SOME OF THE WEBSITES OFFER HOSTED CHATS:

NATIONAL DOMESTIC VIOLENCE HOTLINE
800-799-SAFE (800-799-7233)
www.thelotline.org

NATIONAL DATING ABUSE HELPLINE
866-331-9474
www.loveisrespect.org

NATIONAL SEXUAL ASSAULT HELPLINE
800-656-HOPE (800-656-4673)
www.rainn.org

CHILDHELP NATIONAL CHILD ABUSE HOTLINE
1-800-4-A-CHILD (1-800-422-4453)

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (1-800-273-8255)

A Health Care Guide for Survivors of Domestic & Sexual Violence

The physical and emotional harm that comes from being abused by a loved one can have unexpected effects for survivors, even after the violence has stopped. If you’ve survived domestic or sexual violence as a child or adult, some everyday activities that used to be easy may now suddenly be difficult.
For Advocates & Health Care Providers

Tool for Conversations with Survivors

Tool for Advocacy with Health Care Professionals

Training Tool

If you find yourself avoiding visiting the nurse, doctor, or dentist, maybe without even knowing why, you’re not alone. Many survivors of abuse find that seeing a health care provider can be anxiety producing. At the same time, taking care of yourself can be a reaffirming experience that helps you move beyond the physical and psychological trauma.

Health care can also be hard because health care environments are not always trauma-informed and there are often time restrictions that limit your ability to connect with your provider. There are steps you can take to make medical visits easier and help you become more involved in your own healthcare. But first, let’s talk briefly about some of the impacts of abuse and why they might make going to medical appointments so challenging.

WHY IS GOING TO MY DOCTOR OR NURSE SO HARD FOR ME?

Beyond the obvious physical effects of violence like injuries, some of the long-term after-effects of abuse can be subtle but significant. Studies have shown that exposure to trauma and violence can lead to many health problems. The constant stress of experiencing or anticipating emotional or physical abuse takes a toll on the body and a person’s well-being, and can lead to chronic medical issues.

Having a loved one be violent towards you may also be psychologically traumatic. We use a variety of coping strategies to survive the emotional pain we distance ourselves, minimize the experience or situation, avoid thinking about it, and even sometimes deny to ourselves that what we are experiencing is painful. These ways of coping sometimes make survival possible. However, they can also become a routine way of thinking, or handling difficult situations, when we no longer need them.

Seeing a doctor or nurse means you’re paying attention to what’s going on in your body. At the same time, it might be hard for you to focus on your body for a number of reasons. For example, if you cope by distancing yourself, or “going away in your head”—what some call dissociating—it can make it hard to feel what’s going on in your body. Dissociation is a clever tool our minds have of giving us a break from traumatic experiences and allowing us to function. The problem comes when we no longer need to dissociate, but instead be mentally present and understand any harm we’ve experienced.

To complicate things even more, health care settings like waiting rooms can be stressful and hectic and some procedures can leave us feeling vulnerable or remind us of the violence that we’ve survived. Additionally, language or other cultural differences between you and your provider may complicate your ability to communicate or connect with them which can be stressful.

WHAT CAN I DO TO MAKE MY NURSE/DIRECTOR VISITS EASIER?

Tell them about the abuse

The abuse you experienced may be affecting your health in some way. If you feel comfortable with your provider, just as you would tell them about your medical history, also let them know that you are a survivor of violence. Explain how you think the violence has affected your health. Discuss any untreated injuries, un-prescribed medications, possible exposure to sexually transmitted infections (STIs), unplanned pregnancies and ways in which you might have coped through drugs or alcohol. Your health care provider can then help you consider ways to address these concerns.

Trust your instincts during this discussion. If you feel scolded or in other ways judged by the nurse or doctor, they may not be the health care professional for you. Looking honestly at your medical issues may be difficult. The relationship between you and your health care provider should have open and caring lines of communication in order for you to feel comfortable being honest with them and relying on their help.

Ask someone to come with you

At times, it may be helpful to have a friend go with you to your appointment—if you are having a hard time getting yourself to go for medical exams, or if you are afraid you will not remember your discussion. Your friend can sit in the exam room with you just for support, hold your hand during painful procedures, or be the designated note taker so you can remember and review the details of the appointment later. It is important to note that many health care providers want to meet with you alone during some part of the exam. At this point you can ask your friend or support to step outside but let the provider know that during the exam you would like your friend present.

After your medical appointment

Take some time after your appointment to reflect on how it went. Write in a journal on your own or sit with your friend and discuss your appointment. Consider how it felt and what you learned. Did you feel comfortable with your health care provider’s approach? Do you understand the results of your visit and your next steps? Do you feel your provider listened to you and took the time to help you understand your options? This time and thought can help you relax, plan and stay on track when it comes to caring for yourself.
Call to Action

- Advocates – become a health advocate
- Many women need to care for their health after violence due to injuries.
Call to Action

• How can you make it easier?
  o Recognize how hard it can be to go to the doctor/clinic.
  o Can the clinic come to you routinely?
  o Talk with women about how they feel.
  o Strategize with them about how they can go.
  o Consider going with them.
  o Consider an approach that helps women control what happens in a health care setting.
Call to Action

• Health Care Professionals – become a health advocate
• Adopt a Similar Protocol
• How can you make it easier?
  o Talk with women about how the approach is intended to allow them to control their appointment and health care
  o Strategize with them how they can better care for their health
  o Validate the words and experiences that your patient shared with you
Can talking about abuse make a difference?

Your recognition and validation of her situation is important.

You can help:

- Reduce her sense of isolation and shame
- Encourage her to believe a better future is possible
• Starting and ending conversations about difficult or stigmatizing issues like domestic violence can be challenging during sessions/visits.

• We take care of ourselves by presenting questions and educational messages in a way that feels most comfortable to us.
Role of the Domestic Violence Advocate

- Domestic violence advocates provide safety planning and support
- Safety planning is designed to assist mothers and children who have experienced domestic violence to think and act in a way to increase personal safety
- Health care providers can help clients connect with an advocate to work on a safety plan and additional services like:
  - Housing
  - Legal advocacy
  - Support groups/counseling
“On the back of this card 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—and often can connect you by phone…”
Funded in part by the U.S. Department of Health and Human Services’ Office on Women’s Health (Grant #1 ASTWH110023-01-00) and Administration on Children, Youth and Families (Grant #90EV0414).

All these national hotlines can connect you to your local resources and provide support:

For help 24 hours a day, call:

National Domestic Violence Hotline
1-800-799-SAFE (1-800-799-7233)
TTY 1-800-787-3224
www.thehotline.org

National Dating Abuse Helpline
1-866-331-9474
www.loveisrespect.org

National Sexual Assault Hotline
1-800-656-HOPE (1-800-656-4673)
www.rainn.org

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"Success is measured by our efforts to reduce isolation and to improve options for safety."

Futures Without Violence
Health Assessment as Safety Planning:

Integrating Health Services into Domestic Violence Programs
Beyond black eyes and broken bones: Long-term health impact of domestic violence
17% of abused women reported that a partner prevented them from accessing health care compared to 2% of non-abused women.

(McCloskey et al, 2007)
Barriers to Addressing Health Issues With Survivors

**Identified by advocates:**

- Scope of work
- Discomfort with initiating conversations
- What comes after disclosure?
- Lack of time

Health care providers identified the same barriers to addressing DV!
Opportunities for DV Programs

How is this related to your work?

- Good health is part of healing
- Opportunity to address health needs
- Unique position to intervene
- Reframe: DV program as wellness center
“For our women in shelter having access to medical services in a safe way without looking over their shoulder— it’s part of rebuilding and taking control back. What do these medical resources mean to these women? They are priceless.”

Sara Sheen, Director of Bridge Program
Rose Brooks Center, St Louis, MO
## Addressing the barriers

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<thead>
<tr>
<th>Barrier</th>
<th>Potential solution</th>
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<tbody>
<tr>
<td>Scope of work</td>
<td>Reframe: Health assessment as safety planning</td>
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<tr>
<td>Discomfort</td>
<td>Training, resources, practice</td>
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<tr>
<td>Disclosures</td>
<td>On-site services &amp;/or warm referral to health providers</td>
</tr>
<tr>
<td>Time</td>
<td>Simple, integrated intervention</td>
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Hot off the press!

- Quality Improvement tool
- Sample forms, protocols and policies
- PowerPoint presentation with trainers notes
- Video vignettes, role plays and group activities
- Links to resources
Strategies: Onsite

- Add health questions to intake and case management forms
- Provide information on local health services
- Stock health supplies
- “Golden ticket” for appointments at local clinics
- Rx delivery by local pharmacy
- Clinical services
- Health education
Strategies: Offsite

- Co-located advocate at local clinic
- On-call advocate with “backdoor” number
- Advocates trained in health services (translation, navigators, HIV care messengers, etc)
Building relationships with local health programs

- Invitation to local DV taskforce and events
- Cross-trainings: DV 101 and healthcare 101
- Regularly stock program materials
- Program tour
- Clinic event (for patients &/or staff)
Food for thought

- What makes you a good advocate?
- What is the difference between asking about other needs (legal, housing, childcare, etc.) and health?
- What are the advocacy skills you would be putting to use when asking clients about health?
- What is your “worst case scenario” when thinking about discussing health issues with clients?
Stories from survivors

According to the client, her abuser had sabotaged her birth control method in the past, forced her to terminate a pregnancy he didn’t want, then forced her to keep a pregnancy that endangered her. ...she said she felt relief to talk to someone about the coercive nature of her husband... she stated, “I’m so glad you asked me that.”

- As reported by an advocate with a Virginia DV program
Are you ready?

- What are the next steps your program can take to integrate health?
- What other information or training do you need?
- Do you know who your community health partners are?
Resources through Futures

National Health Resource Center on Domestic Violence

• Training curricula
• Sample protocols, policies, MOUs, etc.
• Safety cards
• Posters
• Webinars and other training

http://www.futureswithoutviolence.org/content/features/detail/790/

Online toolkit:
http://www.healthcaresaboutipv.org/
Questions?

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