FUTURES WITHOUT VIOLENCE®

Improving Health Outcomes Through Violence Prevention:

Model Partnerships between Community Health Centers and Domestic and Sexual Violence Programs

May 24, 2017

Call-in information: 888-850-4523; **participant code:** 632001

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Futures Without Violence

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Program Specialist

Anna Marjavi
Program Director

We train professionals such as doctors, nurses, judges, and athletic coaches on improving responses to violence and abuse. We also work with advocates, policy makers, and others to build sustainable community leadership and educate people everywhere about the importance of respect and healthy relationships. Our vision is a future without violence that provides education, safety, justice, and hope.

This webinar is sponsored by the National Health Resource Center on Domestic Violence

Provides free technical assistance and tools including:

- **Setting-specific and population-specific safety cards for adolescent, HIV, reproductive health, and more!**
- **Training curricula**
- **Clinical guidelines**
- **State reporting information**
- **Documentation tools**
- **Pregnancy wheels**
- **Posters**

For more information, please visit the

www.futureswithoutviolence.org/health

Improving Health Outcomes Through Violence Prevention: Model Partnerships between Community Health Centers and Domestic and Sexual Violence Programs
May 24, 2017

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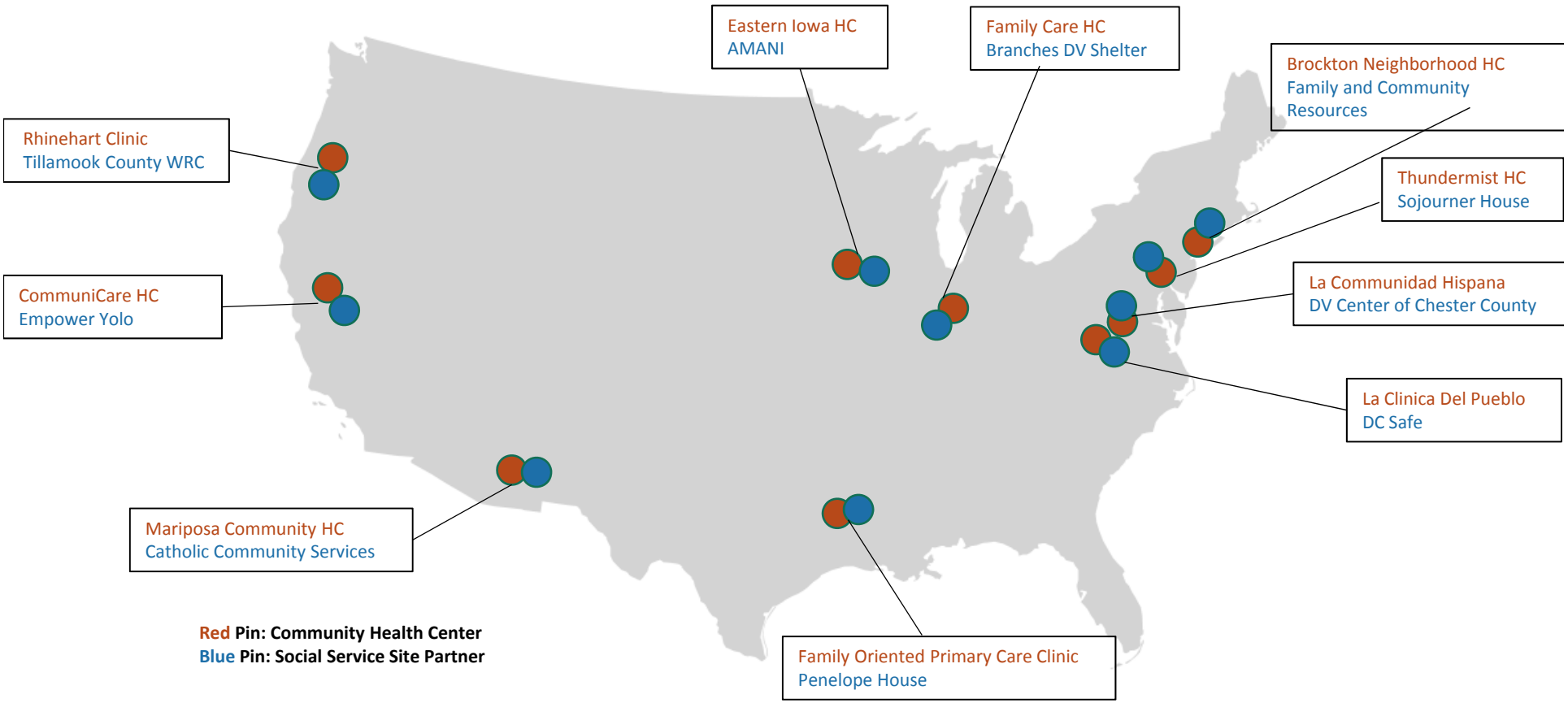
HRSA
Health Resources & Services Administration

Health Center and Social Service Sites

Phase 1 and 2: 20 partner locations



HRSA
Office of Women's Health

FYSB Family & Youth Services Bureau

Family Violence Prevention & Services Program

FYSB Family & Youth Services Bureau

Offering Safety and Support to People in Abusive Relationships

1984: The Family Violence Prevention and Services Act helps states, territories, and tribes provide emergency shelter and other supports and services to victims of family violence and their dependents.

FVPSA Programs

- State and Territorial Formula Grants
- Tribal Grants
- State and Territory Domestic Violence Coalitions
- Discretionary Grants
- Training and Technical Assistance Resource Centers

Learn more – www.acf.hhs.gov/fvpsa

Training & Technical Assistance Resource Centers

DVRN
DOMESTIC VIOLENCE RESOURCE NETWORK

National Resource Centers:

- National Resource Center on Domestic Violence
- National Indigenous Women's Resource Center

Special Interest Resource Centers:

- Battered Women's Justice Project
- National Clearinghouse for Defense of Battered Women
- Resource Center on Domestic Violence: Child Protection and Custody
- National Health Resource Center on Domestic Violence
- National Center on Domestic Violence, Trauma and Mental Health

Population and Culturally Specific Institutes:

- National Latino Network for Healthy Families and Communities
- Asian Pacific Institute on Gender Based Violence
- Ujima, Inc.: The National Center on Violence Against Women in the Black Community
- National LGBTQ Institute on Intimate Partner Violence

National Domestic Violence Hotline

- Via phone: 1-800-799-SAFE (7233)
- On the Web: www.thehotline.org

FYSB Family & Youth Services Bureau

Learn more –
https://www.acf.hhs.gov/fysb/programs/family-violence-prevention-services/programs/centers

Millions of Families Served

In 2015, FVPSA state grantees:

- Responded to 2.5 million crisis calls.
- Provided emergency shelter and other services to more than 130,427 adult victims of domestic violence and 111,021 children.
- Provided non-shelter supportive services, such as counseling, support groups and advocacy, to 1,040,994 victims and their children.

In 2015 FVPSA Tribal grantees:

- Responded to 86,203 crisis calls.
- Served 33,553 domestic violence victims and their children in shelter and supportive services.

For more information, contact:

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Learning Objectives

As a result of today's activity, learners will be better able to:

1. Know how to implement universal education about healthy relationships and assess for domestic violence.
2. List two follow-up strategies for responding to disclosures of domestic and sexual violence.
3. Learn best practices for establishing a domestic violence/sexual assault (DV/SA) and health care partnership, from the experiences of Tillamook County Women's Resource Center and the Rinehart Clinic.
4. Learn what tools and resources are available on www.ipvhealthpartners.org.

No presenters or planners have any conflicts of interest.

Erica Monasterio, MN, FNP-BC
Clinical Professor

Family Health Care Nursing
University of California at San Francisco

Erica Monasterio, MN, FNP-BC is a Clinical Professor on faculty in the Division of Adolescent and Young Adult Medicine, Department of Pediatrics and the Department of Family Health Care in the School of Nursing at the University of California, San Francisco since 1997. She is the Nurse Faculty in the Leadership Education in Adolescent Health (LEAH) Program and the coordinator of the Nursing Leadership in Adolescent and Young Adult Health (NLAYAH) Program. Ms. Monasterio has over 27 years of clinical experience working with youth and families in primary care, both at UCSF and in the San Francisco Department of Public Health, and is the co-founder of the Cole Street Youth Clinic, part of the San Francisco Department of Public Health's Community Health Network.

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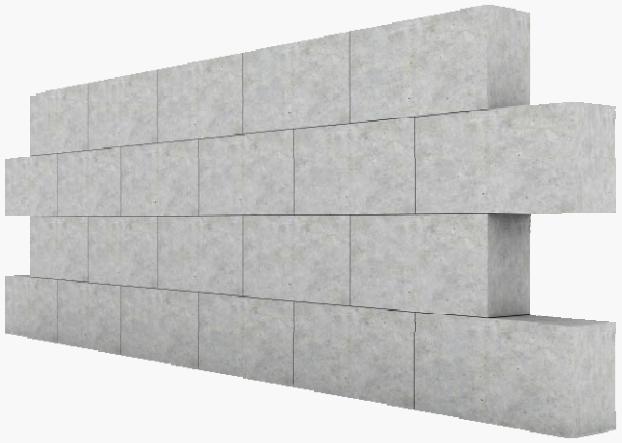
Is Your Relationship Affecting Your Health? Addressing Intimate Partner Violence in Health Settings

What are some barriers to addressing IPV?

Clinicians identified the following barriers:



- **Comfort levels with initiating conversations with patients about IPV**
- **Feelings of frustration with patients when they do not follow a plan of care**
- **Not knowing what to do about positive disclosures of abuse**
- **Lack of time**

Addressing the Barriers

Simplify process of assessment for and providing universal education about DV/SA for providers.

- Support staff first
- Connect DSV to health
- Safety card intervention
- Strategies for warm referral & support

Intimate partner violence: What is it?

One person in a relationship is using a **pattern** of methods and tactics to gain and maintain **power and control** over the other person.

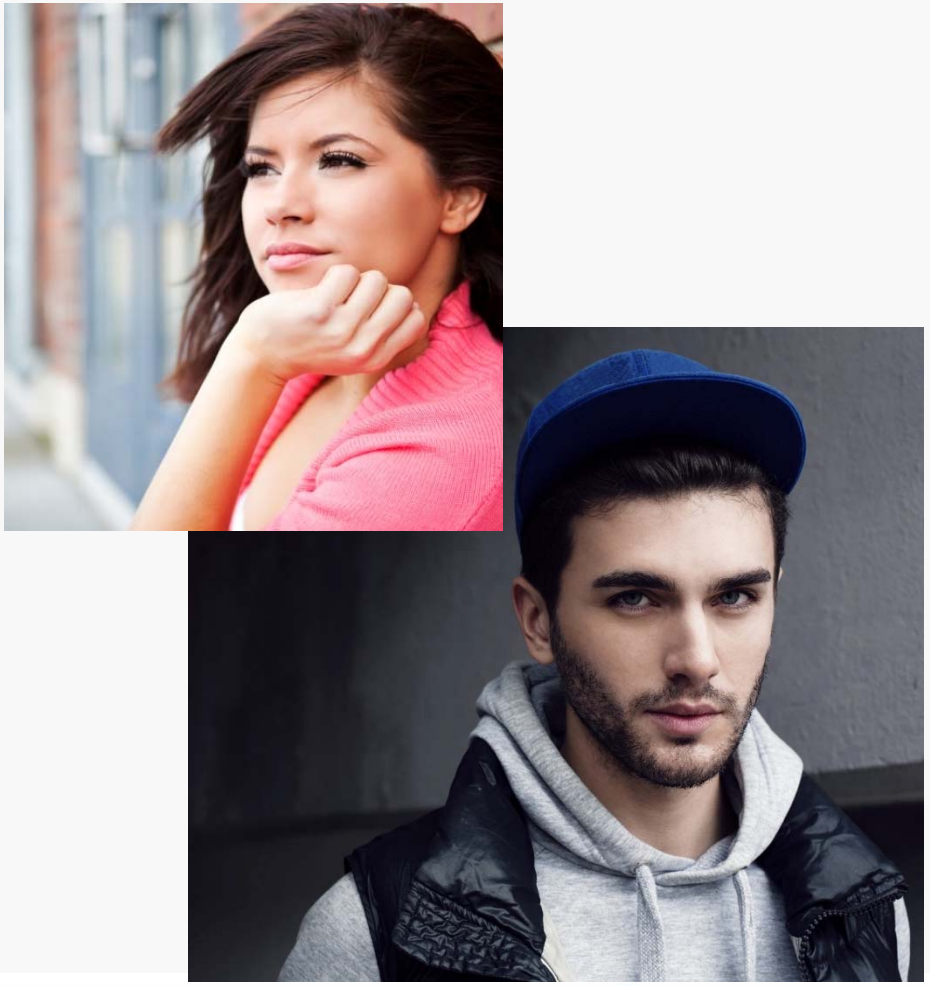
- It is a cycle that gets worse over time – not a one time 'incident'
- Abusers use jealousy, social status, mental health, money and other tactics to be controlling and abusive – not just physical violence
- Leaving an abusive relationship is not always the best, safest or most realistic option for survivors

Definitions of Domestic Violence

- Legal definitions are often more narrowly defined with particular focus on physical and sexual assault
- Public health definitions include a broader range of controlling behaviors that impact health including:
  - **emotional abuse**
  - **social isolation**
  - **stalking**
  - **intimidation and threats**

Prevalence of Intimate Partner Violence

- 1 in 4 (25%) **U.S. women report ever experiencing IPV.**
- 1 in 7 **men have been the victim of severe physical violence by an intimate partner**



(Source: 2010 CDC National Intimate Partner and Sexual Violence Survey)

LGBTQ Communities

61% of bisexual women and **37% of bisexual men** experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.

44% of lesbian women and **26% of gay men** experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.

Of transgender individuals, 34.6% reported lifetime physical abuse by a partner and **64%** reported experiencing sexual assault.

(Breiding et al, 2011; Landers & Gilsanz, 2009)

Health impact of abuse:
More than broken bones and black eyes

Centers for Disease Control and Prevention

Injuries among DV/SA survivors

- **Injuries** resulting from assaults including: bruises, broken bones, burns, spinal cord injuries, lacerations, knife wounds etc.

- **TBI:** 71% of women experiencing IPV have incurred traumatic brain injury (TBI) due to a physical assault

(Arias & Corso, 2005, Chrisler & Fergun, 2006) Chrisler & Ferguson, 2006 Abbott et al, 1995; Coker et al, 2002; Frye et al, 2001; Goldberg et al, 1984; Golding et al, 1999; McLeer et al, 1989; Stark et al, 1979; Stark & Flitcraft, 1995)

Strangulation and IPV

More than

two-thirds

of IPV victims are

strangled

at least once

{ the average is 5.3 times per victim }

Chrisler & Ferguson, 2006 Abbott et al, 1995; Coker et al, 2002; Frye et al, 2001; Goldberg et al, 1984; Golding et al, 1999; McLeer et al, 1989; Stark et al, 1979; Stark & Flitcraft, 1995)

Reproductive and sexual health

- Women who disclosed abuse were at an increased risk for rapid repeat and unintended pregnancy
- Increased incidence of low birth weight babies, preterm birth and miscarriages
- Women disclosing physical abuse were 3 times more likely to have an STI

(Miller, 2010; Sarkar, 2008, Goodwin et al, 2000; Hathaway, 2000, Cocker, 2000)

Women who are sexually assaulted by their intimate partner are more likely to experience:

- Chronic headaches and backaches
- Chronic stress-related problems such as irritable bowel syndrome and hypertension
- Depression, poor self esteem
- PTSD and Rape Trauma Syndrome
- Pelvic pain
- Pelvic inflammatory disease
- Bladder infections
- Sexual dysfunction
- Unintended pregnancies
- STIs
- Complex trauma

(Campbell et al, 2002; Bennice JA et al, 2003; Bergman & Brismar, 1991; Bonomi et al, 2007; Campbell & Lewandowski, 1997; Campbell & Alford, 1989; Chapman JD, 1989; Dienemann et al, 2000; Domino & Haber, 1987; Plichta, 1996)

HIV and DV/SA

Over half of women living with HIV have experienced DV/SA, considerably higher than the national prevalence among women overall (55% vs. 36%). (Machtinger, 2012; Black, 2011)

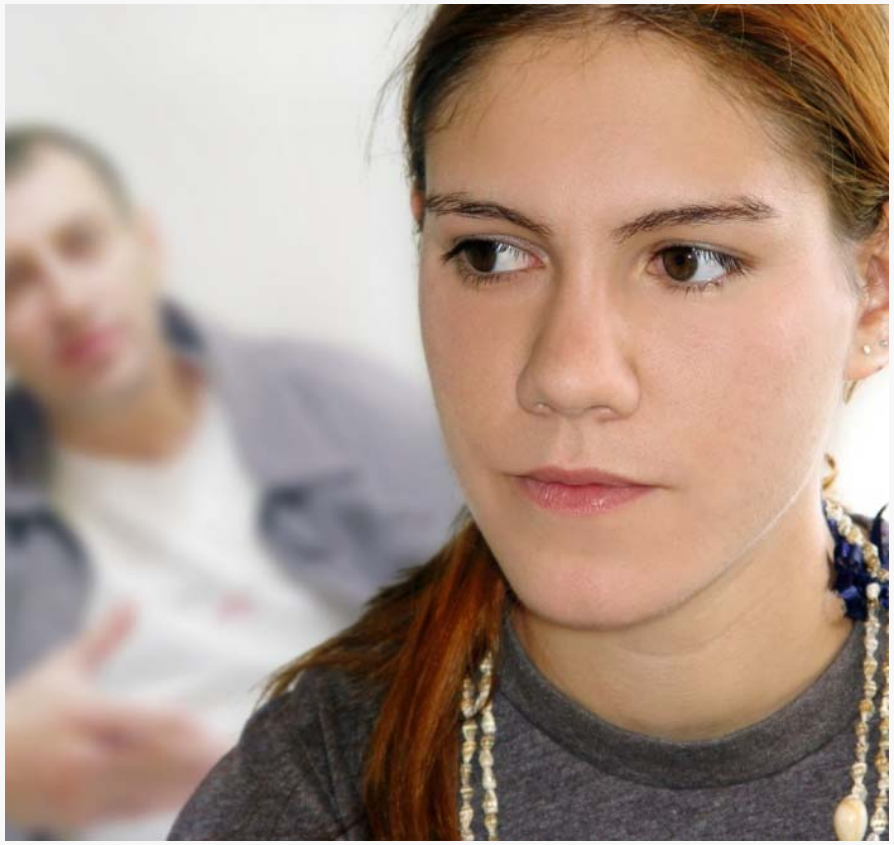
IPV and behavioral health co-morbidities

- **Anxiety and/or Depression**
- **Post-traumatic stress disorder (PTSD)**
- **Antisocial behavior**
- **Suicidal behavior**
- **Low self-esteem**
- **Emotional detachment**
- **Sleep disturbances**
- **Substance dependency**

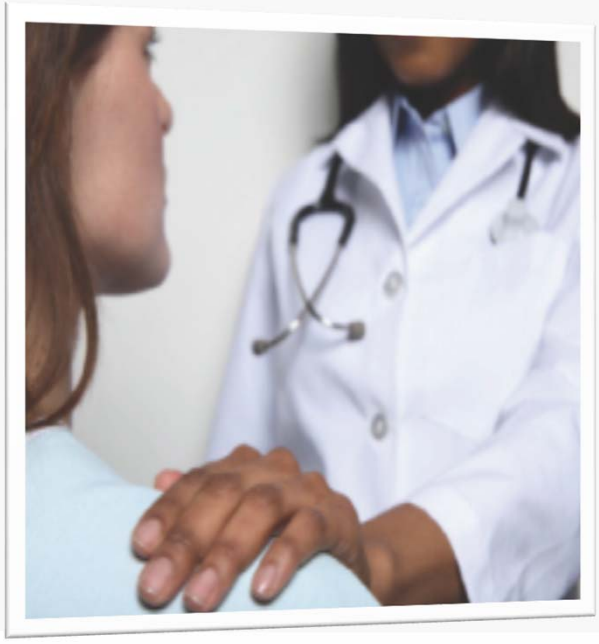
TjadeP, et al (2000); Coker AL, et al (2002)

Mental health coercion

Abusers rely on stigma related to mental health and substance abuse to undermine and control their partners.



Stop and consider…



Can you think of a time when a patient's presenting health symptoms made you suspect there was a problem at home but neither you nor your patient said anything?

Did you know…

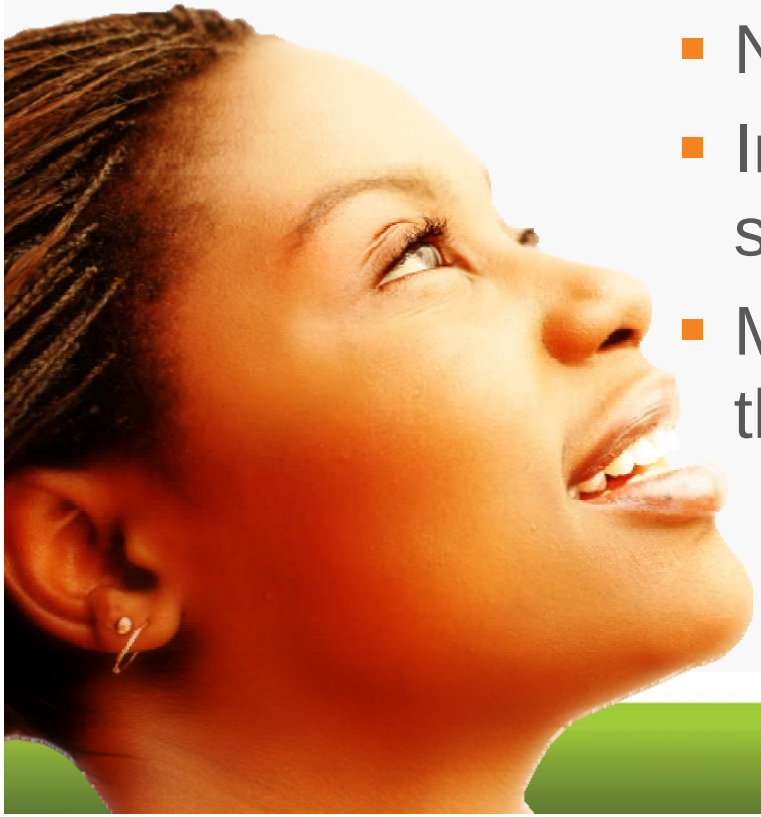
Many providers miss the underlying problem when they don't consider IPV.

- **Patients do not receive the care they need for the problem they have**
- **Treatment is often ineffective and the patient's health further compromised due to a partial diagnosis**

Your role is important – and doable

- Providers do not have to be DV/SA experts to recognize and help patients experiencing IPV
- You have a unique opportunity to offer education, early identification, and intervention
- Partnering with local DV/SA agencies with strengthen your care for patients

What we've learned from research



Studies show:

- Patients support assessments when they are done in private one on one.
- No harm in assessing for DV
- Interventions improve health and safety
- Missed opportunities: patients fall through the cracks when we don't ask

Women who talked to their health care provider about abuse were:

4 times more likely to use an intervention

2.6 times more likely to exit the abusive relationship

(McCloskey et al, 2006)

Healthcare providers can make a difference!

FUTURES WITHOUT VIOLENCE

Integrated Assessment and Response for Intimate Partner Violence in Primary Care Settings

"Is your relationship affecting your health?"

What if we challenge the limits of disclosure driven practice?

CUES universal education approach

C: Confidentiality: Disclose limits of confidentiality & see patient alone

UE: Universal Education + Empowerment:

Normalize activity:

"I've started giving two of these cards to all of my patients—in case it's ever an issue for you because relationships can change and also for you have the info so you can help a friend or family member if its an issue for them."

Make the connection: Open the card and do a quick review:

"It talks about healthy and safe relationships, ones that aren't and how they can affect your health."

S: Support: "On the back of the card there is a safety plan and 24/7 hotlines that have folks who really understand complicated relationships"

- Offer a warm referral
- Follow up at next appointment.

C: Before any discussion of DV/SA in the health setting providers must:

- Understand reporting requirements
  http://ipvhealthpartners.org/wp-content/uploads/2017/03/Compendium-Final.pdf
- See patient alone (for part of visit)
- Verbally review the limits of confidentiality, even if you are not asking direct questions about abuse (in case there is disclosure and you need to report).

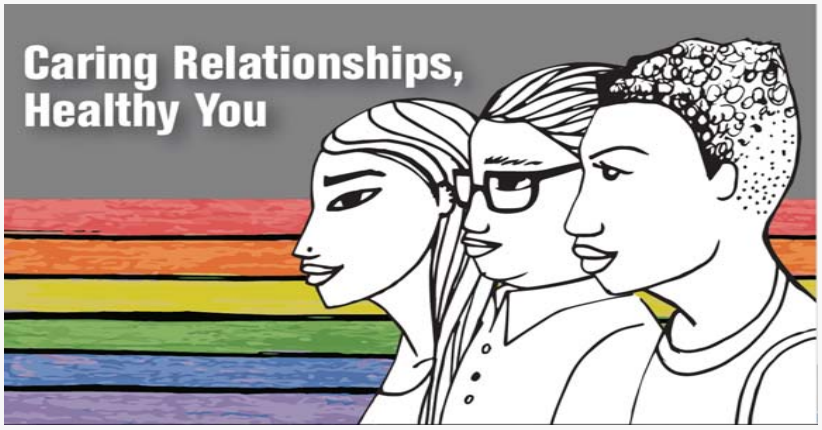
UE: How to begin universal education

"We've started talking to all our patients about domestic violence so they know how to get help for themselves and so they can help others."

Group activity

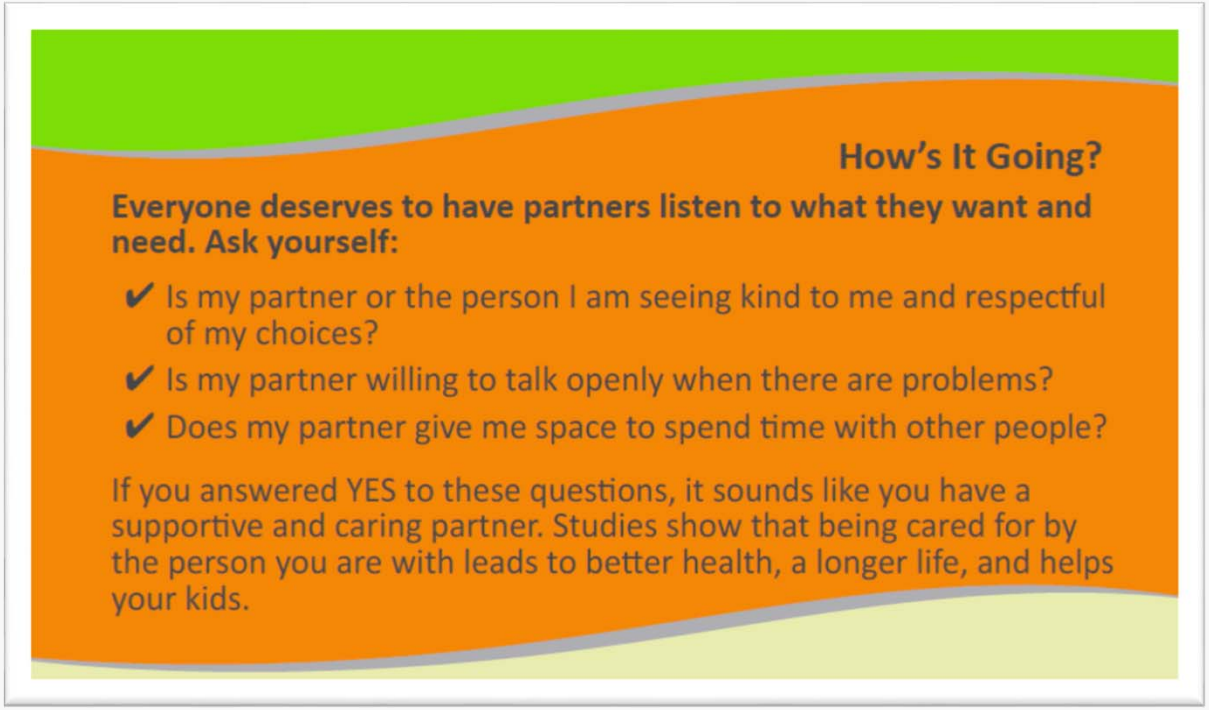
Take a couple of minutes and read the PDF safety cards

- How does using the safety card support both staff and clients?
- Pay attention to what stands out for you



UE: Universal education

You might be the first person to talk to your patient about what is going on in their relationship.



UE: Framing education to help friends and family

Peer to peer education:

- Always give two safety cards
- Using a framework about helping others helps normalize the situation and allows patients to learn about risk and support without disclosure
- Patients like to have materials to help their friends and family

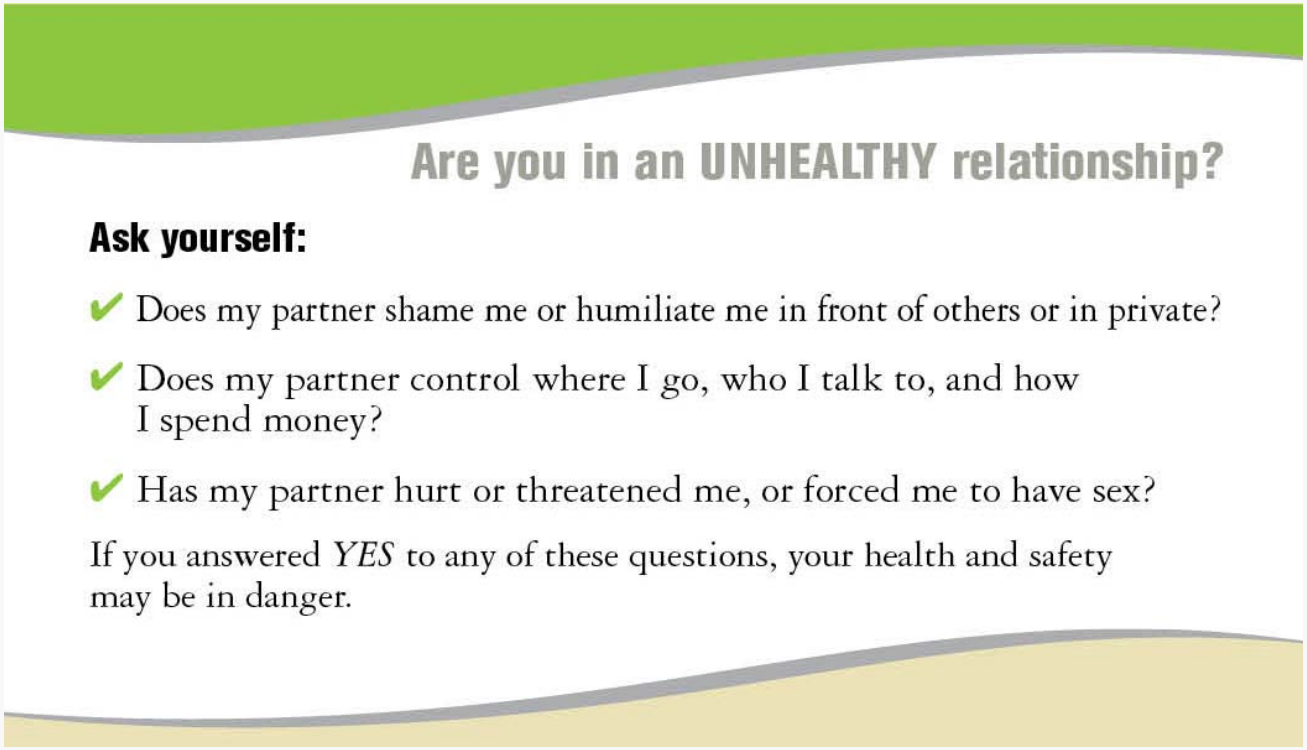
- Having the safety card is empowering for them – and for the friends/family they connect with

UE: Universal Education

Briefly review elements of healthy relationships

UE: Universal education on unhealthy relationships

You might be the first one to talk with your patient about what they don't deserve in their relationship.



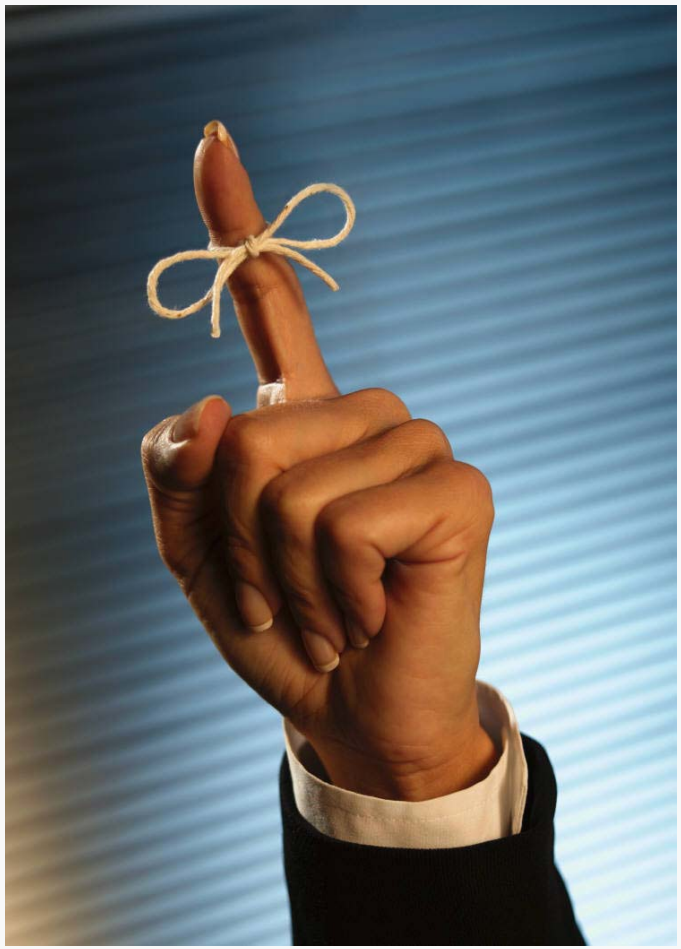
Are you in an UNHEALTHY relationship?

Ask yourself:

- ✔ Does my partner shame me or humiliate me in front of others or in private?
- ✔ Does my partner control where I go, who I talk to, and how I spend money?
- ✔ Has my partner hurt or threatened me, or forced me to have sex?

If you answered *YES* to any of these questions, your health and safety may be in danger.

S: Support Important reminder



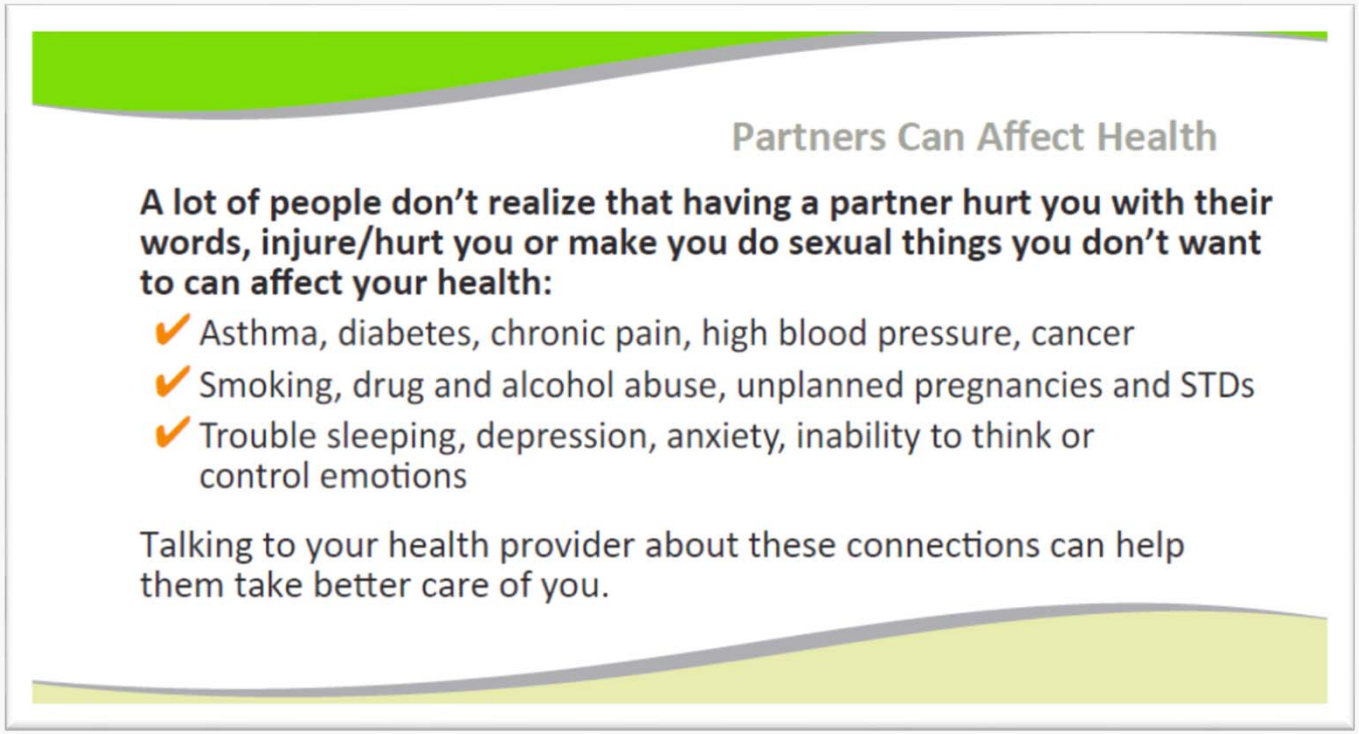
Disclosure is not the goal AND disclosures do happen!

S: Your initial response is important

- “I am so sorry this is happening. It is not okay, but it is common. You are not alone.”
- “This is not your fault. Nothing you did caused this. Someone else made a choice to hurt you.”
- “What you’re telling me makes me worried about your safety and health”
- “Would you like me to explain options and resources that survivors are often interested in hearing about?”
- “Some survivors find talking to an advocate or counselor to be helpful”
- “What else can I do to be helpful? Is there another way I can be helpful?”

Support: Make the Connection

Help your patient make the connection between their relationship and health



Supporting survivors: What not to say

- “You should call the police”
- “You are definitely in an abusive relationship”
- “That does not sound like rape to me…”
- “Your partner is crazy, you need to break up with them”
- “What did you do to set them off?”
- “So what happened after that, and what happened after that?”

Harm Reduction in Primary Care

- Support safe medication adherence
- Alternate forms of birth control
- Safer STI partner notification
- Exercise and sleep plans
- What else?

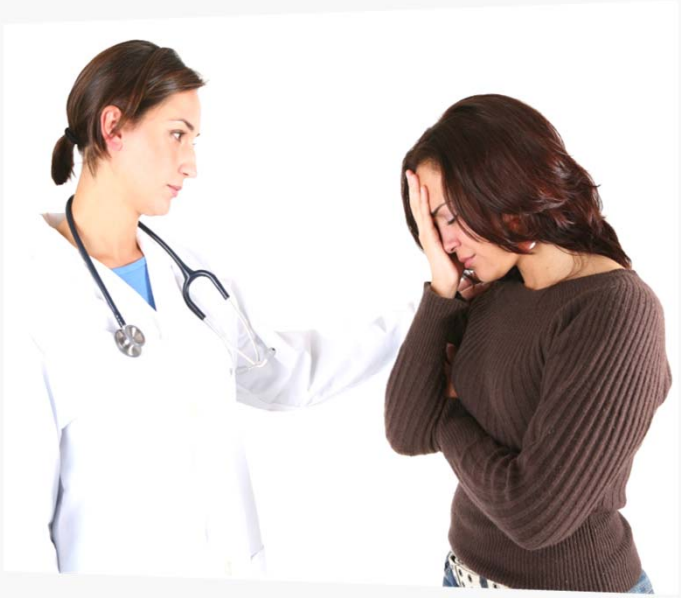
National DV hotline referral

Consider calling these numbers to learn more about what services are available for your patients

Warm referral as a key component

- Increases likelihood of successful referral
- Opportunity for immediate in-person or phone safety planning
- Coordinated care

"If you are comfortable with this idea I would like to call my colleague (name of advocate), she has helped many people who have been in similar situations."



Role of the domestic violence advocate

- To assist those who have experienced IPV to think and act in a way to increase personal safety, while assessing the risks based on the perpetrator's behaviors
- Connect clients to additional services like:
  - Housing
  - Legal advocacy
  - Support groups/counseling
  - Children's programs

How are DV advocates different than in-house behavioral health providers?

- **Confidentiality**
- Specialized training
- Free for clients
- Shorter wait time for appointments
- Access to other services
- Culturally responsive services

Advocacy services are an important complement to behavioral health services

Partnering with local advocates

- Connect with your local DV agency
- Host cross-trainings with the DV agency to promote shared knowledge between your staff
- Develop a survivor referral procedure between health providers and advocates
- Outline and agree to an MOU to define your partnership

Documentation

The following information should be documented:

- Was the patient assessed for IPV or the reason assessment did not occur
- Patient's response
- Health impact if any abuse disclosed
- Resources provided and discussed such as safety cards
- Referrals offered

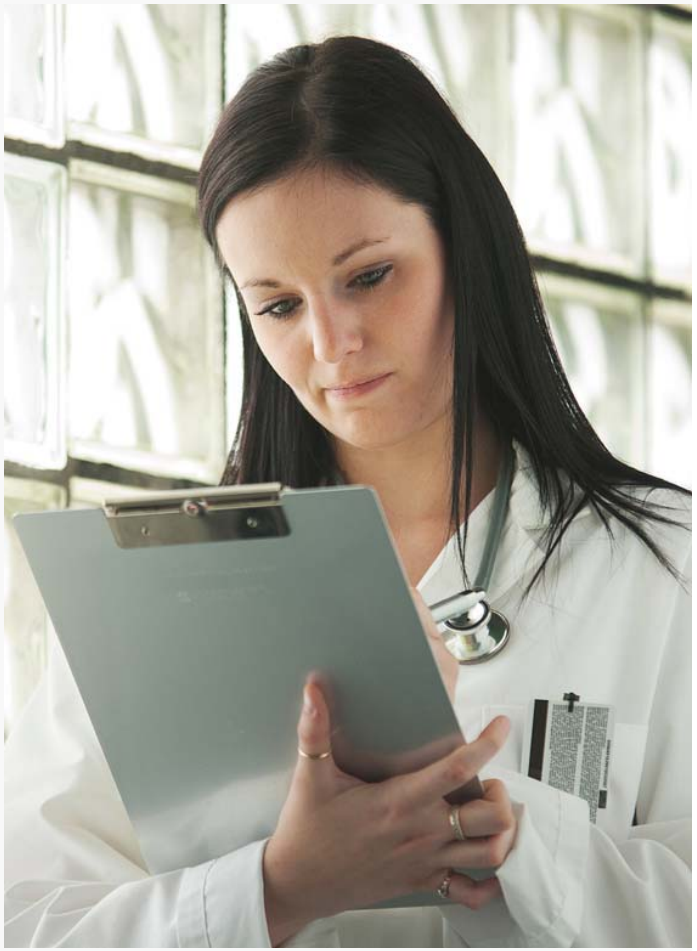
ICD10 Diagnostic Codes

The following diagnostic codes could also be used:

T74.11X - Adult physical abuse

T74.31X - Adult emotional/psychological abuse

T74.21X - Adult sexual abuse



Track your progress

- Meet regularly with your DV advocate partner to coordinate care
- Use tools like the QA/QI assessment form (for health centers/ and for DV programs) to measure system change
- Assess provider needs, additional training and new employee orientation

Tillamook County, Oregon

Safer Futures

Improving the health and safety of women and children

Tillamook Co. Women's Resource Center

Our center was founded in 1982, with the mission to eliminate domestic and sexual violence in Tillamook County.

The Rinehart Clinic

The Rinehart Clinic, founded in 1913, is an FQHC located in North Tillamook County,. TCWRC and the Rinehart have a long history of partnering to provide services in North County.

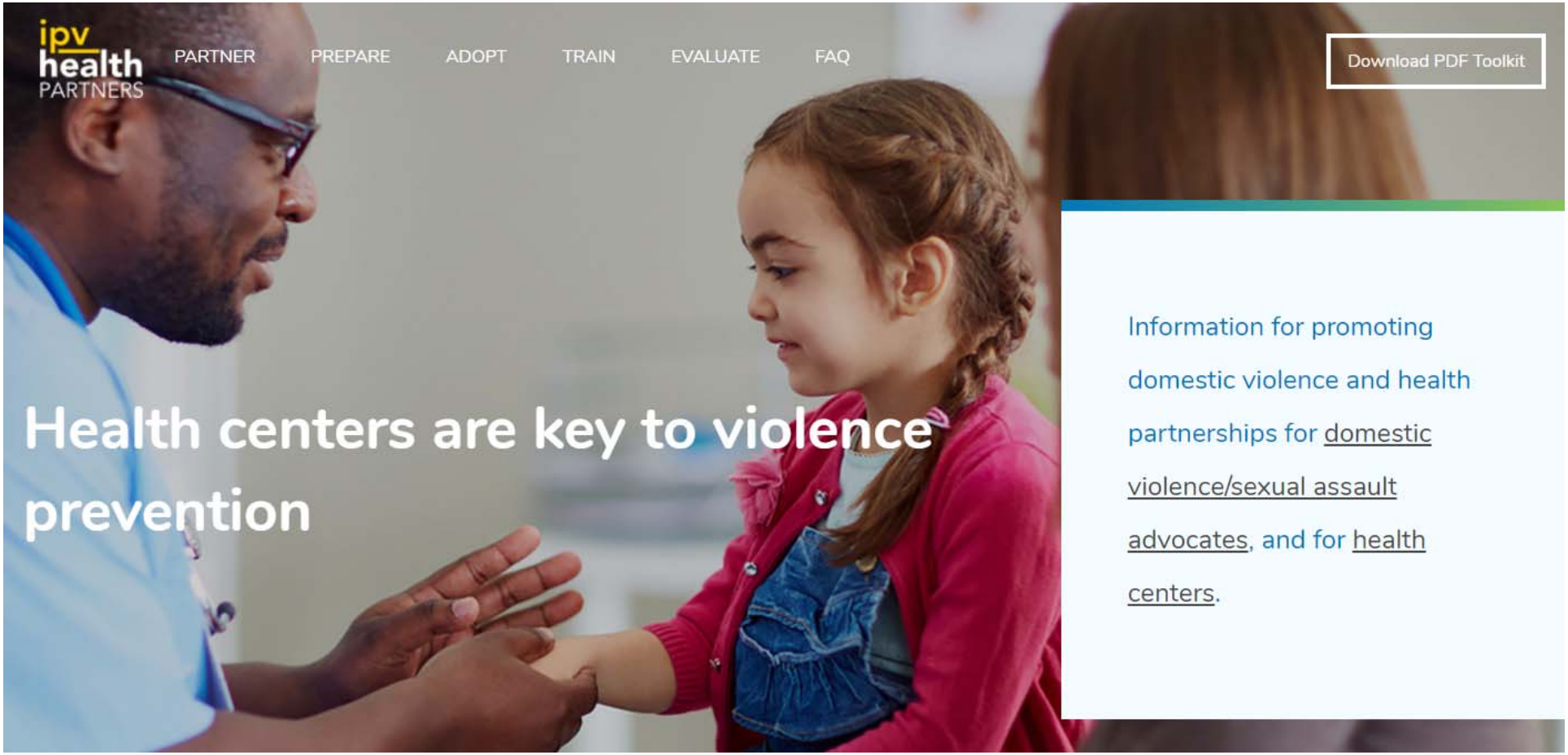
The Colocated Model at Rinehart

- Kimber is employed by TCWRC and works under VAWA confidentiality.
- She spends 2 days, 6-7 hours a day at the clinic, and approximately 4 hours a week at TCWRC for staff and advocate staffing meetings. She will also do accompaniment to services outside of health settings, or connect patient to another TCWRC advocate.
- She sees walk-in clients and patients referred to her by providers. The clinic process routes referrals through the behavioral health specialist.
- Anecdotally the clients who are referred to Kimber via providers also tend to be more engaged with services, i.e. schedule and keep follow up appointments with the advocate.
- Kimber has experienced a 25% increase in provider referrals since the training in May!

Provider Support

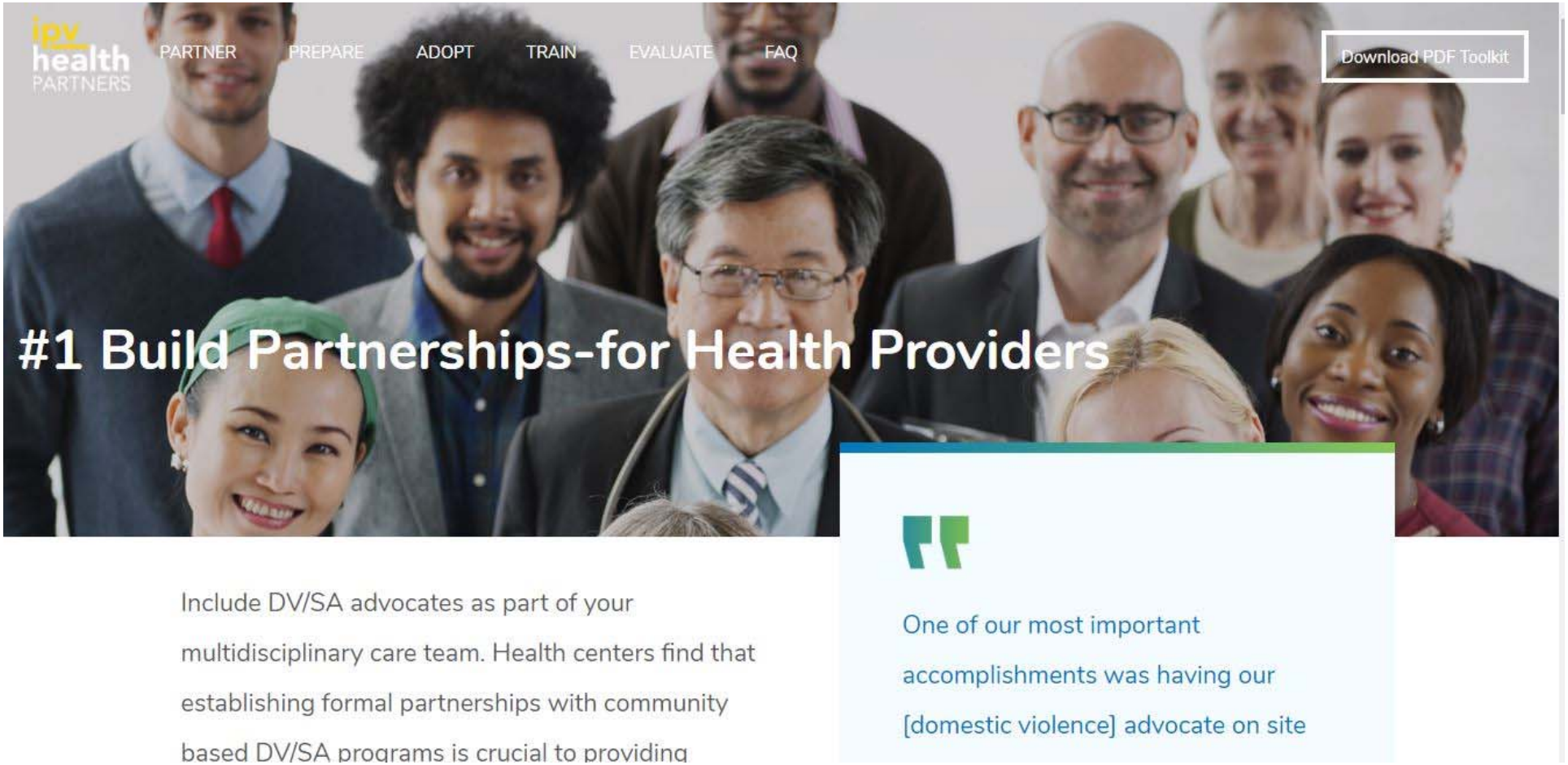
Since the May Futures training, providers are seeking one on one consultations with the advocate to problem solve and further their understanding of IPV and health intersection.

This is also an opportunity for them to refresh or learn about some of the many resources available through TCWRC advocates.

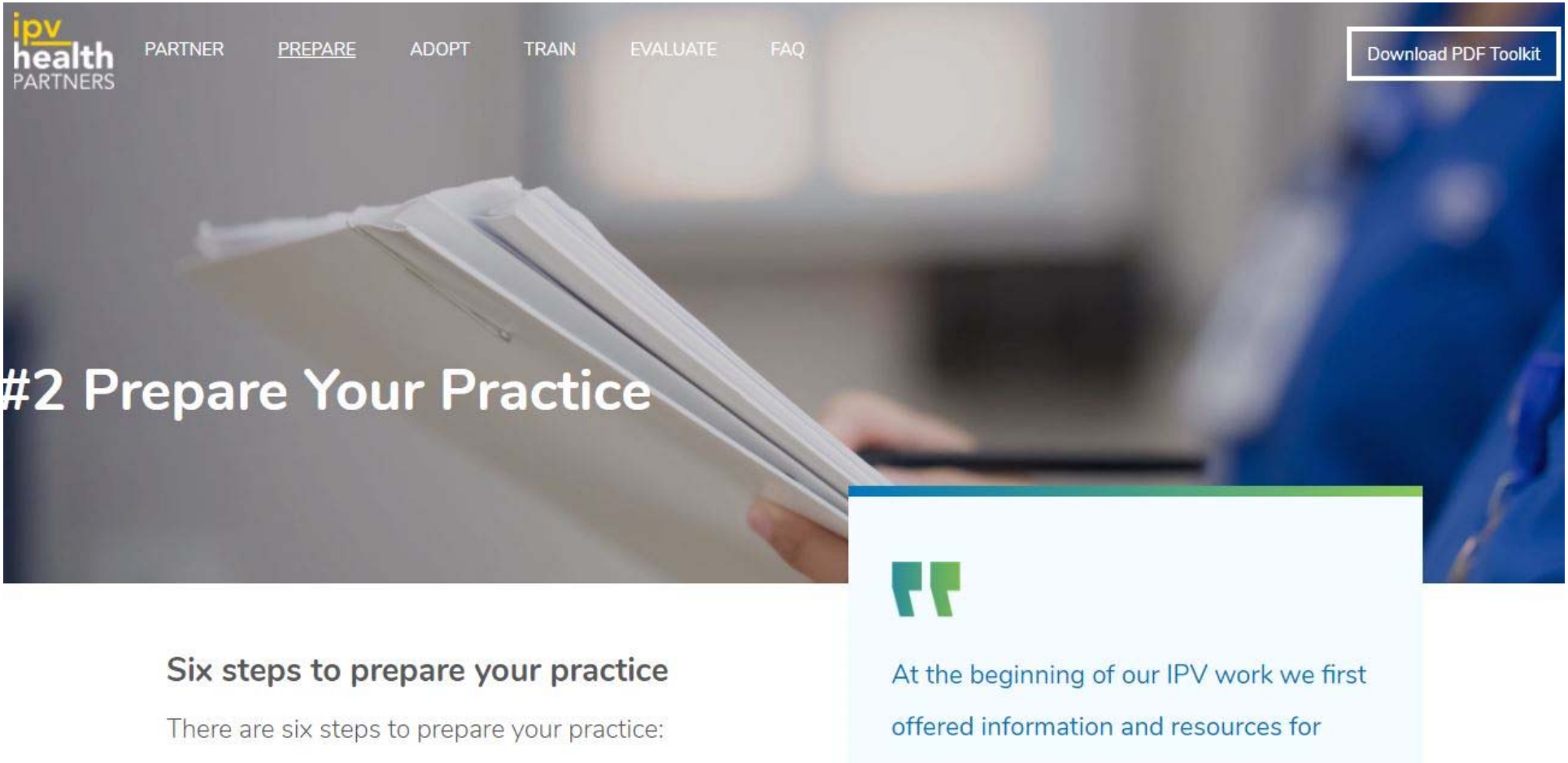


IPVHealthPartners.org

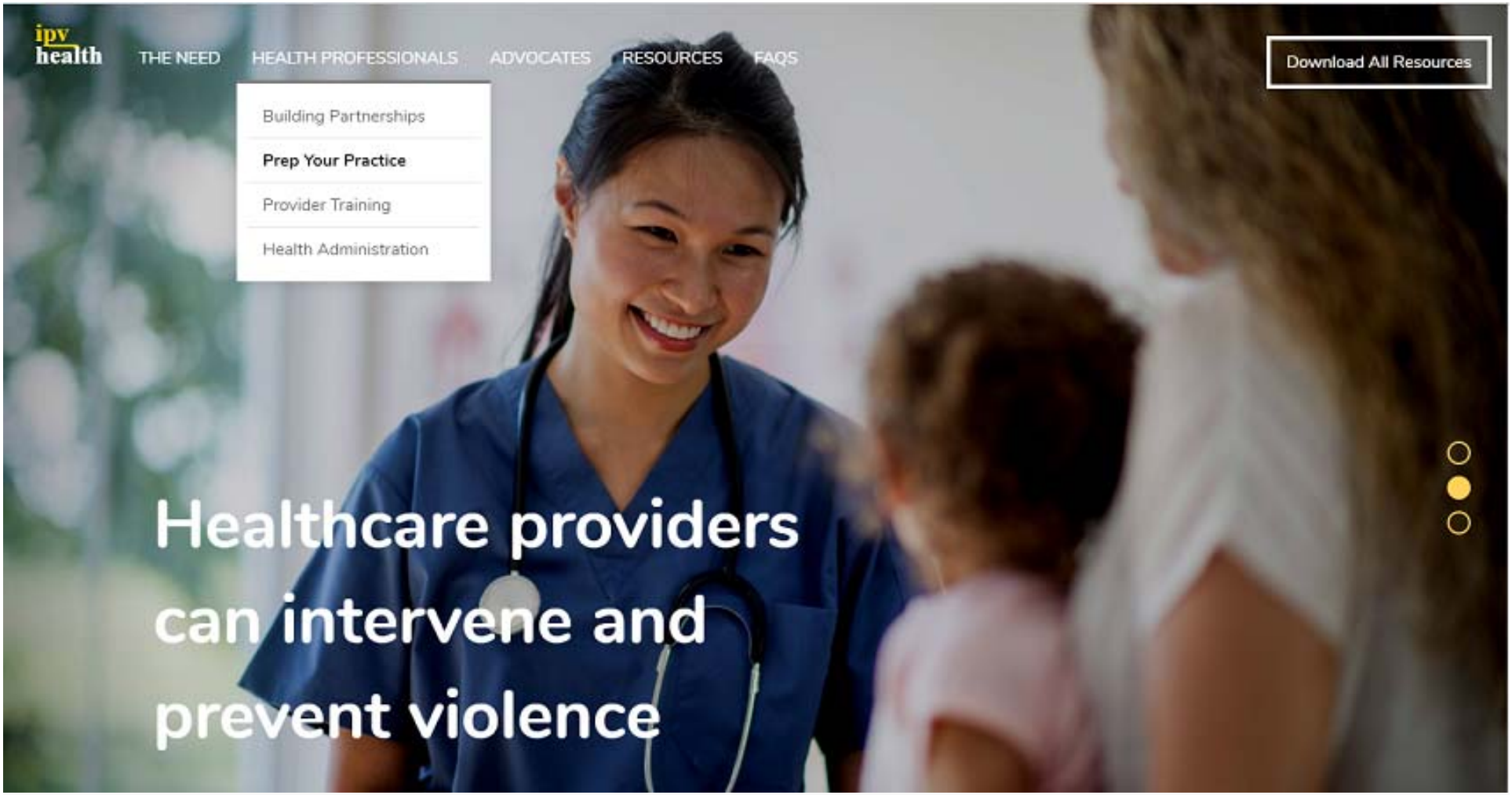
Online toolkit specifically developed for community health centers *by community health centers*



- Domestic violence and sexual assault (DV/SA) advocates offer support, safety planning, and coaching to address other social determinants of health.
- DV/SA advocates can connect their clients to primary health care.



- Build buy-in for your DV/SA program
- Support staff in addressing their own experiences of violence
- Create or update policies or protocols on IPV
- Measure quality improvement
- Enhance the clinic environment by displaying patient and provider tools
- Document and code



www.ipvhealth.org

a website for providers and advocates

NATIONAL CONFERENCE ON

HEALTH AND DOMESTIC VIOLENCE

September 26-28, 2017 | San Francisco

Join us at the 2017 National Conference on Health and Domestic Violence in San Francisco, **September 26-28, 2017!**

Registration is open: www.nchdv.org (Early bird discount rates end June 30th)

QUESTIONS?
Type them in the chat box now

Please fill out an evaluation

Thank you for joining us!

If you are seeking CMEs, you must fill out an evaluation