Effective Community Partnering to Address Domestic and Sexual Violence Screening, Referral and Prevention

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Oregon Coalition
Against Domestic & Sexual Violence

Domestic Violence (DV)/ Intimate Partner Violence (IPV)

Domestic violence is a pattern of coercive and/or violent tactics perpetrated by one person against a family member or intimate partner, with the goal of establishing and maintaining power and control over that person.

Domestic violence can happen in all kinds of intimate relationships, including married couples, people who are dating, couples who live together, people with children in common, same-sex or gender-nonconforming partners, people who were formerly in a relationship with the person abusing them, and teen dating relationships.

Sexual Violence (SV / SA)

- Sexual violence is any nonconsensual sexual act, or any sexual act where "no" is not a viable option for any person involved (due to coercion, drug/alcohol use, physical or mental incapacitation, etc).

- Sexual violence includes a wide range of victimizations, including rape or attempted rape. These can include completed or attempted acts involving nonconsensual sexual contact between the survivor and perpetrator.

State of IPV & HC in Oregon

- How many of you refer survivors to you local DV agency?
- How many of you have established partnerships with your local DV agency?

State of IPV & HC in Oregon

Does your local DV agency:

- ✓ Ask health-related questions in the intake or programming?
  - "Do you have health insurance?"
  - "Is unwanted pregnancy a concern at this time?"
- ✓ Provides healthcare services from within the program, such as a nurse coming to shelter?
- ✓ Can talk about reproductive coercion?

Health effects of IPV

Women who have experienced domestic violence are:

- 80 % more likely to have a stroke,
- 70 % more likely to have heart disease,
- 60 % more likely to have asthma and
- 70 % more likely to drink heavily

than women who have not experienced intimate partner violence.

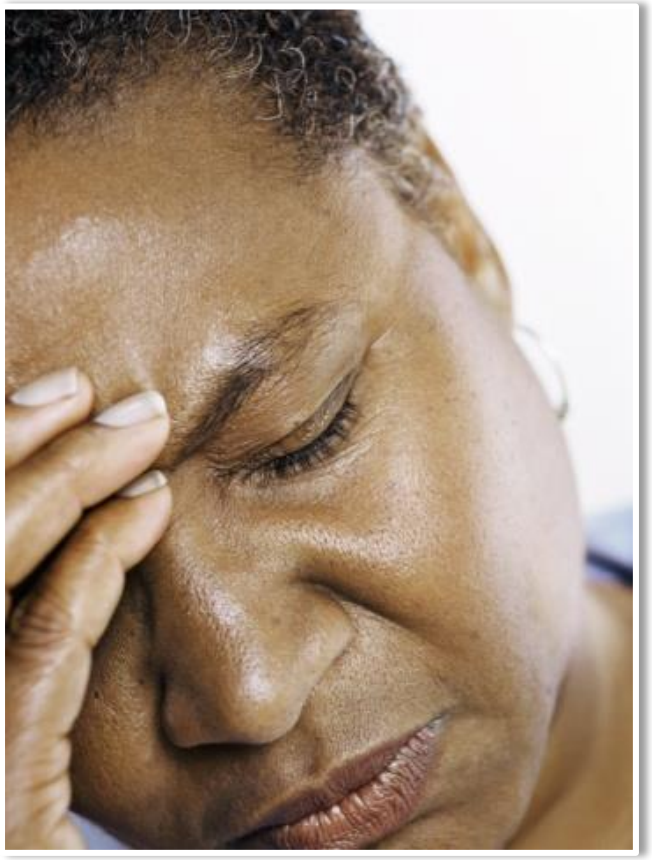
Health effects of IPV

Abused women experience a

50% to 70% increase

in gynecological, central nervous system, and stress-related problems

Health effects of IPV

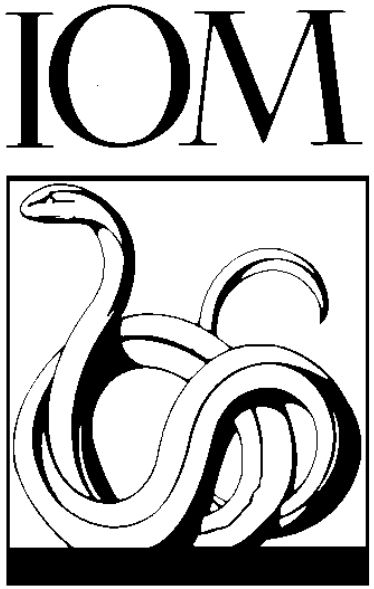


More than **one-third** of female IPV survivors experience **high disability chronic pain**

Health effects of IPV

Adolescent girls in physically abusive relationships were 3.5 times more likely to become pregnant than non-abused girls

Survivors' health matters: healthcare leadership responds



Survivors' health matters: healthcare leadership responds

Beginning in August 2012:

Health plans must cover screening and counseling* for lifetime exposure to domestic and interpersonal violence as a core women's preventive health benefit.

**Screening and counseling are not defined*.

What survivors want

- A recent study found that 44% of victims of domestic violence talked to someone about the abuse; 37% of those women talked to their health care provider.

- In four different studies of survivors, 70% to 81% of the patients studied reported that they would like their healthcare providers to ask them privately about intimate partner violence.

Survivors in healthcare settings

Women who talked to their healthcare provider about the abuse were

~4 times more likely
to use an intervention

2.6 times more likely
to exit the abusive relationship

Review of research

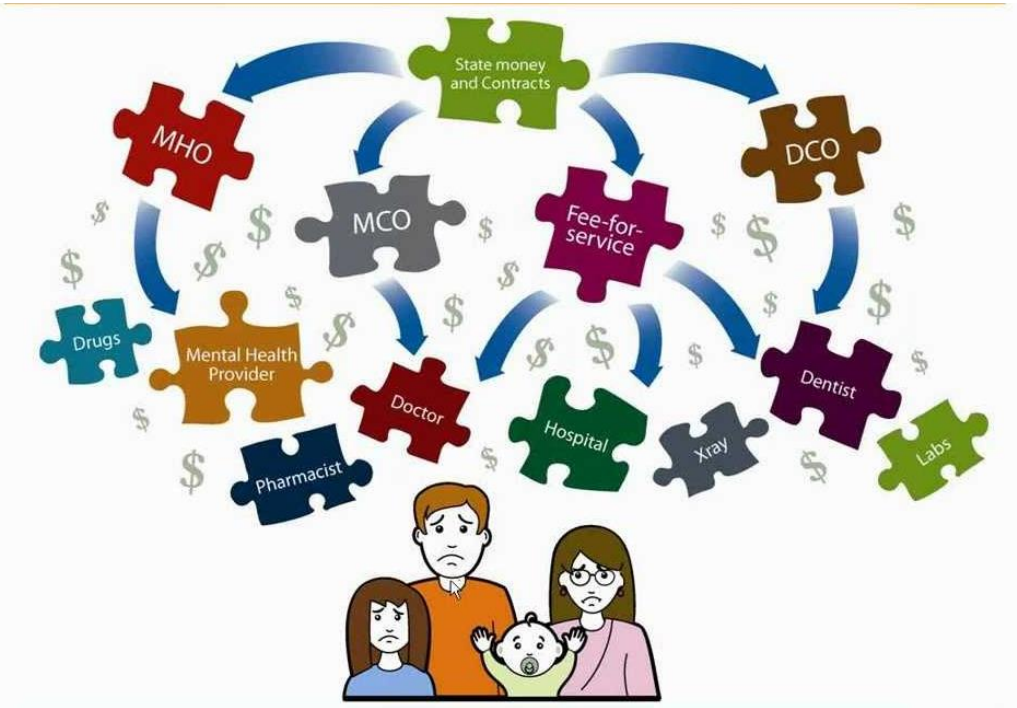
Studies show:

- Survivors support assessments
- No harm in assessing for IPV Interventions improve health and safety of women
- Missed opportunities: women fall through the cracks when we don't ask

Healthcare response in Oregon

Healthcare reform in Oregon: the how

Triple Aim: Better Health, Better Care, Lower Cost & Coordinated Care Organizations



Health care systems need your help to fulfill the Triple Aim

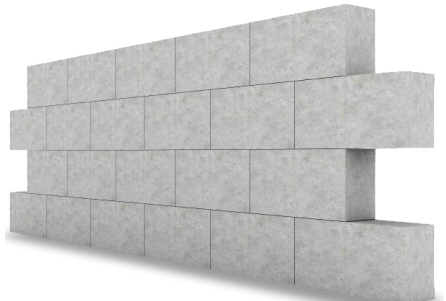
Health systems are looking to increase community partnerships and provide more coordinated, community-based care--

that means you!

Barriers for Healthcare Providers

Providers and Advocates identified the following barriers:

- Outside of my scope of work, how is this related?
- Discomfort with initiating conversations with clients about health/violence.
- Not knowing what to do about positive disclosures of health/violence issues
- Lack of time



Health care and DV services providers identified the same barriers!

How the community base D/SV organization can support survivors

- Advocacy
- Emergency Shelter
- Safety Planning
- Counseling
- Knowledge of the civil & legal remedies
- Knowledge of statewide & local resources

Why do D/SV programs want to partner with health care?

- opportunity to reach more survivors
- survivors want interventions in health care settings
- health care providers don't have capacity/expertise in domestic violence
- new opportunity for prevention
- may eventually result in new funding streams

Models of D/SV program & health care partnerships in Oregon

Project Connect (2012-2015), Local Health Dept and local DV Agency partnership implementing Futures Without Violence tools.

- Universal screening and referral in reproductive health settings, "warm hand-off" and training partnership model
- Washington Co Health Department and DVRC, Deschutes County Health Dept and Saving Grace, North Central Health District and HAVEN.

Safer Futures (2013-2016, DOJ) Co-located advocate model (DHS, local health departments and DV agency)

- Tillamook (TCWRC), the Dalles (HAVEN), Roseburg (BPA), and Portland (VOA Home Free)

Models for Clinic Policies and Protocols

- **OHSU Richmond Clinic**
- **Health Care about IPV community Health Center Toolkit**

Project Connect Model FutureswithoutViolence.org

- Important Role of Health Care Providers

- By conducting an assessment and a brief intervention, health care providers can dramatically decrease risk for violence AND unplanned pregnancy. (Miller et al. 2011)

Health Care Providers Role is DOABLE

- Providers do not have to be DSV experts to recognize and help
- Patients experiencing domestic and/or sexual violence
- Providers have a unique opportunity for education, early identification, and intervention
- Partner with DSV agencies to support your work

Resource for Targeted Assessment and Response: Reproductive Health Safety Card

Futures without Violence Video clip

Safer Futures - Co-located advocate model

Safer Futures (2013-2016) Oregon Dept of Justice Co-located advocate model (DHS, local health departments and DV agency)

Tillamook (TCWRC)
The Dalles (HAVEN)
Roseburg (BPA),
Portland (VOA Home Free)

www.doj.state.or.us/crime-victims/grant-funds-programs/safer-futures/

Safer Futures Strategies

1. intervention, accompaniment and supportive services provided by an on-site advocate.
2. case consultation, provider training and technical assistance.
3. capacity building efforts designed to sustain the project beyond the grant funding.

Three projects share a focus on serving eligible women within Child Welfare systems.

Four projects share a focus on serving eligible women within health care systems.

Safer Futures Strategies

High Level Strategies:

- **Participant Level** Provide women greater access to advocacy services by locating advocates on site at Child Welfare offices, Public Health departments and local health care clinics
- **Provider Level** Train Child Welfare staff and health care providers on how to identify, respond and effectively intervene on behalf of women affected by IPV
- **Program Level** Develop organizational capacity and advocate skill in delivering services and for providing training in Child Welfare and health care systems
- **Policy Level** Change how Child Welfare and health care systems understand and respond to IPV, Develop strategic partnerships to support the vision and work of the project, and establish a diverse and reliable funding base to sustain the project beyond the grant cycle

Models for Clinic Policies and Protocols

- Health Care about IPV community Health Center Toolkit
- Heathcaresaboutipv.org
- Ipvhealthpartners.org

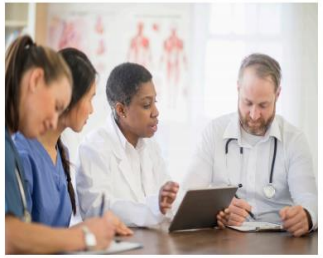
Create or update policies and protocols on DV/SA: It is critical to establish or update your protocol on DV/SA by identifying roles and responsibilities for staff, establishing a policy to see patients alone, and implementing uniform standards for documentation and reporting. Examples of adaptable protocols from health centers from across the U.S. are featured below.

View sample Health Center IPV Protocols that you can adapt for your own setting.

View a video vignette on the importance of seeing patients alone for part of every visit.

"A key success for us in supporting survivors was helping the health center establish a 'see patients alone' policy"

—Emily Fanjoy, Health Programs Project Coordinator, Tillamook County Women's Resource Center (Tillamook, OR)



Quality Improvement: Work with your quality improvement staff or committee to establish a baseline assessment of the quality of care currently provided to survivors of DV/SA. Identify appropriate tools to measure progress such as the following Quality Assessment/Quality Intervention (QA/QI) tool. Complete the tool at initial DV/SA program implementation, at the 6 month mark, and again as needed to measure change, address barriers, and evaluate sustainability. The QA/QI tool can also help inform the development of your protocol.

Enhance the clinic environment by displaying patient and provider tools: Research shows that creating a supportive environment helps survivors feel more comfortable talking about violence.[18] Hang posters in lobbies and exam rooms with IPV prevention and health messages; stock safety cards in exam rooms and bathrooms; and consider other culturally appropriate patient and provider tools.

Documentation and Coding: Be sure to train providers and the billing team on how to

3. Adopt the Evidence-Based Intervention

What works? Educate all patients about the connection between IPV and their health and engage them in strategies to promote wellness and safety. The following are evidence-based steps that a multi-disciplinary care team can take to educate all patients on IPV, while also promoting prevention.

Evidence-based intervention on screening and brief counseling for DV/SA:
The following are evidence-based steps that a multi-disciplinary care team can take to conduct screening and brief counseling on IPV, while also promoting prevention:

Use the CUES intervention

1) **C**onfidentiality: disclose limits of confidentiality
2) **U**niversal Education: provide universal prevention education on connection between IPV and health as well as direct inquiry
3) **E**mpower: patients who disclose abuse with patient centered harm reduction strategies (click here visit specific harm reduction strategies)
4) **S**upport: provide a warm referral to DV/SA agencies

Why universal education? It is important to address universal prevention education on the elements of healthy and unhealthy relationships and the impact of violence on health. Even when asked directly by skilled providers, women may not disclose abuse for reasons including distrust and concern for subsequent violence.[19,20] One study asked what advice women who had experienced IPV would give health providers regarding how to ask about and discuss the issue of IPV.[21] The study advised that providers (1) give a reason for why they are asking about IPV to reduce women's suspicions and minimize stigma, (2) create an atmosphere of safety and support, (3) provide information, support and access to resources regardless of whether the woman discloses IPV. They emphasized that a provider's asking about IPV is an opportunity to raise patient awareness of IPV, communicate compassion and provide information and not merely a screening test to diagnose a pathologic condition.

OHSU Richmond Clinic Needs Assessment

- Development of a Clinical Working group
- Training for staff: ongoing and for new employees
- Develop a protocol for IPV screening to include:
  - Screening Methods: how and how often
  - Documentation
  - Ochin updates
  - Billing/Coding
  - Referrals for a positive screen
  - Resources
  - Safety Planning
  - Contact: Laurel Hallock Koppelman MN, FNP-C hallockk@ohsu.edu

Suggested Algorithm for practice at OHSU Richmond Clinic
Intimate Partner Violence (IPV) Screening

*Provide a safe, private room without partners, friends or family members. Do not use family members as translators.

Assure confidentiality: "Before we get started, I want you to know that everything here is confidential, meaning that I won't talk to anyone else about what is said unless you tell me something that requires reporting."*

Framing the Question: "We've started talking to all of our patients about safe and healthy relationships because it can have such a large impact on your health."
*In Oregon non-accidental violence with a firearm, knife or weapon considered to be deadly requires reporting to law enforcement.

Screening Questions for IPV

1. Have you ever been emotionally or physically abused by a partner? If so, by whom?
2. Within the past year, have you been hit, kicked, slapped, choked, frightened or otherwise physically hurt? If so, by whom?
3. Within the past year, have you been forced to have sex against your will? If so, by whom?
4. Are you afraid of your current or past partner? Has this person threatened you?

NO to all

- Discuss the need for healthy relationships, how it affects personal health and the health of children.
- Give out safety cards so that friends and family that may be IPV victims may use them.

*It!may!take!up!to!427!times! before!a!patient!feels! comfortable!enough!with!a! provider!to!disclose!abuse.!!

YES to any question

- Acknowledge the courage it takes to speak up.
- Say, "This is not your fault. You did nothing to deserve this, and you are not!alone."!!

Assess Safety

SEVERITY OF VIOLENCE: Are you afraid to go home?
ESCALATION OF VIOLENCE: It is getting worse or more dangerous?
THREATS OF VIOLENCE: Has your partner used a weapon like a gun or a knife or threatened you with a weapon or said he/she would murder you?
***Assess for depression or suicidal ideations as patient is at risk for hurting self.*

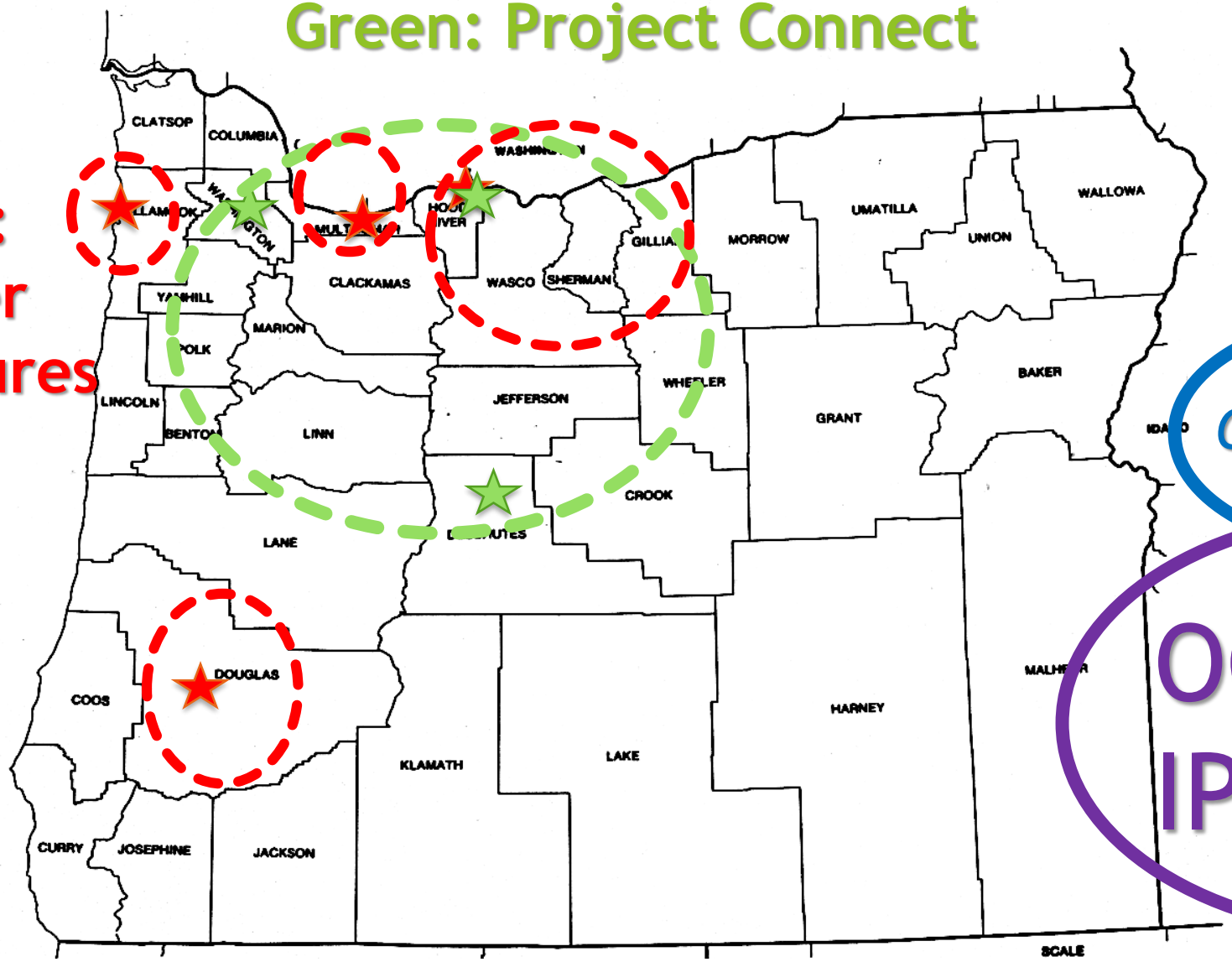
Refer to resources

1. If sexual violence <96 hours, suggest ED Forensic/SANE visit for evidence collection. Say, "You do not have to report this to the police, but you may still want the exam done for the future if you ever decide to take action towards the person that did this to you. The exam also lets you know that you are in good health."
2. If patient is not afraid or situation is safe: Say, "I have some resources if you would like to talk to someone about this." Provide IPV resources and phone numbers, number to call in the office on clinic phone if patient wants to; do not force a patient to take resources with him/her.
3. If patient is afraid and/or situation is not safe: Say, "I'm concerned about your safety." Provide IPV resources and option to call IPV hotline in the office. Allow the patient to decide what to do.

Document that IPV screening took place !

Green: Project Connect

Red: Safer Futures



Certification

OCADSV IPV & HC

Examples of Success from Partnerships

- Tillamook added DV screening questions to partner clinic's universal screening tool, and TCWRC staff were invited to join CCO Community Advisory Council

- HAVEN's staff helped their county health department create new policy that all patients were to be seen privately, as well as new partnership with co-located advocate in WIC program

Safer Futures Policy Wins

- BPA has presence on CCO CAC. Lead to IPV being a part of CHIP and included under ACES objective, with Melanie Prummer (BPA Executive Director) designated as lead on that CHIP objective

- VOA Home Free is expanding their project to include a Multnomah County Health Department site, and is assessing a response team model with Planned Parenthood Columbia Willamette

Project Connect Policy Wins

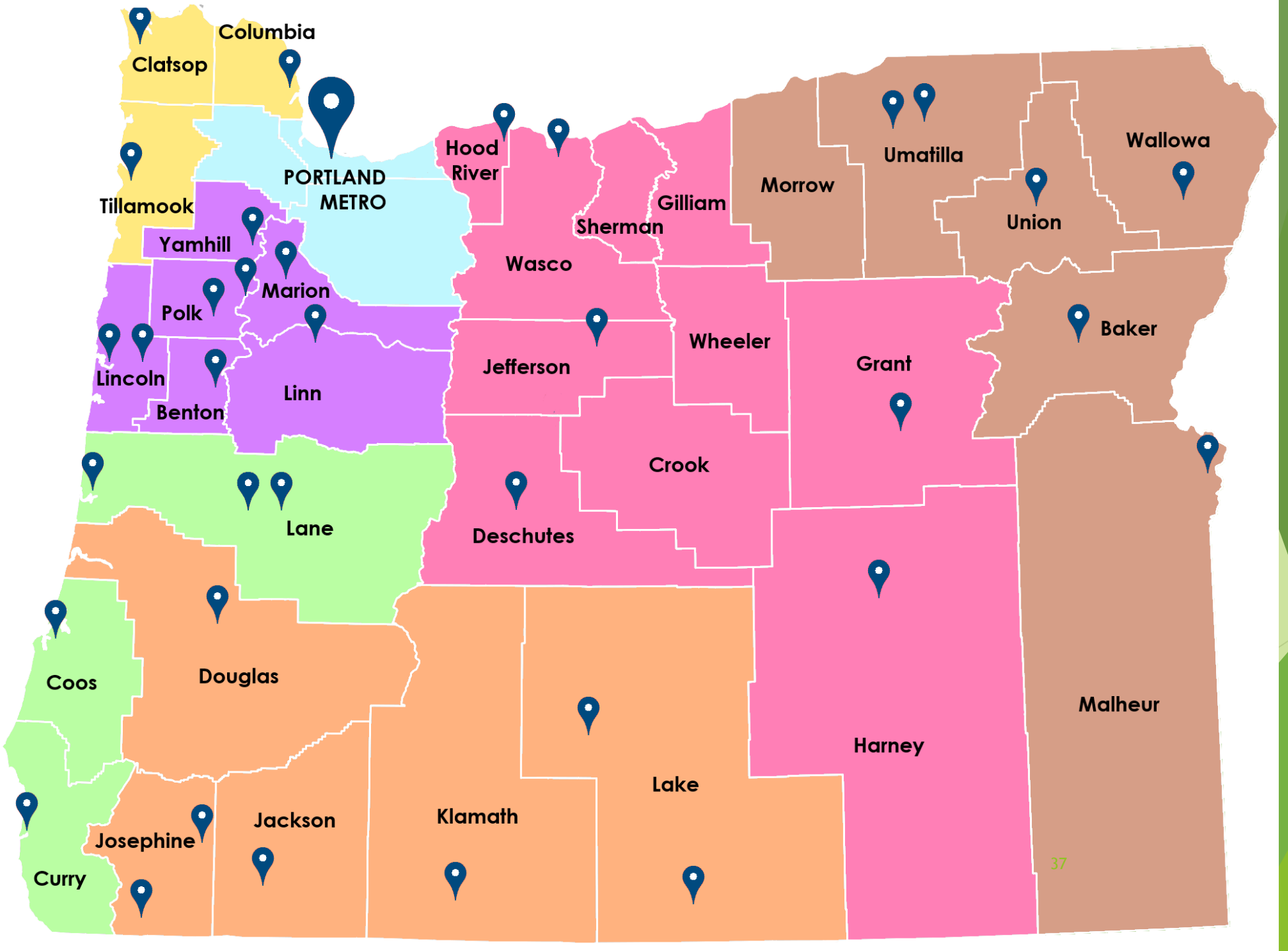
- Informed HealthShare CCO development of their universal screening tool

- Presented to lawmakers in Washington D.C. on project and its inclusion in VAWA

- Recommendation on a universal education intervention model with adolescents on healthy relationships, that was included in OHA's Title X clinics best practice manual

How D/SV screening and referral can help Oregon address the Triple Aim

1. Trauma and violence create adverse health effects that are preventable
2. Interventions must be survivor-centered, provide holistic support and understand safety concerns: requires patient engagement and team of knowledgeable care providers
3. DV/SA advocates are lower cost than medical care providers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Clatsop
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Hood River
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Marion
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Morrow
Umatilla
Wallowa
Union
Wasco
Jefferson
Wheeler
Grant
Baker
Crook
Deschutes
Lane
Coos
Douglas
Harney
Malheur
Lake
Klamath
Jackson
Josephine
Curry

OCADSV Support

Training, technical assistance and tools on:

- ✓ Provide best practice screening and counseling tools
- ✓ Training on incorporating health care advocacy into your DV/SA program
- ✓ Provide information on partnership models, such as Safer Futures and Project Connect
- ✓ Assist in facilitating conversations with CCOs and health care providers
- ✓ Connect to other existing resources and curricula on health care and IPV intersection

Next Steps – how do I get involved?

- Training on DV/SV and support training for yourself and support training for providers.
- Assess your current policies and procedures on screening and referrals
- Reach out to your local DV/SV Agency (contact www.ocadsv.org)
- Receive training, and support, materials from Futures without Violence.org and healthcaresaboutipv.org

Questions?

- Keri Moran-Kuhn

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  Kerimk@ocadsv.org or call 503-230-1951

- Julie McFarlane, MPH, Women's Health Programs Manager

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