

**BRIDGING
THE
GAP**


Screening and Counseling for
Intimate Partner Violence in
Health Care Settings

OCTOBER 9, 2012 | HUBERT H. HUMPHREY BUILDING - GREAT HALL | 1PM-3PM

WELCOME

Live webcast: www.hhs.gov/live
Tweet at: #screen4ipv
#dvam2012

In observance of National Domestic
Violence Awareness Month, we:



- o Mourn the lives lost
- o Celebrate survivors
- o Connect with others to end domestic violence

October is Domestic Violence Awareness Month

Thank you to our Organizing Partners!

The planning of this event has been an effort of a planning committee under the direction of the DHHS Steering Committee on Violence Against Women. Thank you to the participating agency representatives.

- *Family Violence Prevention and Services at Administration on Children, Youth and Families:* Marylouise Kelley, Rebecca Odor, Shawndell Dawson and Angela Yannelli
- *Office on Women's Health:* Frances Ashe-Goins, Joyce Townser, Aleisha Langhorne, Monique Davis and Loretta Jones
- *Health Resources and Services Administration:* Morrisa Rice and Tarsha Cavanaugh
- *Office of the Assistant Secretary for Legislation:* Peggie Rice
- *Assistant Secretary for Planning and Evaluation:* Madeleine De Boenville
- *Office of Population Affairs:* Christine Brazell
- *Office of Adolescent Health:* Aisha Hasan
- *Substance Abuse and Mental Health Services Administration:* Sara Afayee
- *Centers for Disease Control and Prevention:* Jennifer Dills
- *Indian Health Services:* Jennifer Downs and Miranda Carman
- *National Resource Center on Domestic Violence:* Kenya Fairley, Patty Branco and Amanda Hoffman
- *Futures Without Violence:* Lisa James

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Howard Koh, MD, MPH,
Assistant Secretary for Health,
U.S. Department of Health and
Human Services

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Annie Lewis O’Conner, NP, PhD
Incoming Chair of the National
Health Collaborative on Violence
and Abuse




OCTOBER IS
DOMESTIC VIOLENCE AWARENESS MONTH

“Domestic Violence Prevention
Begins With Me...and You.”

Elizabeth Reid
Office of the President

Help is available. Call BWH Passageway at
617-732-8753 or SafeLink at 877-785-2020.

 BRIGHAM AND
WOMEN'S HOSPITAL


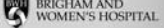


OCTOBER IS
DOMESTIC VIOLENCE AWARENESS MONTH

“Each of us can make a difference -
we can ask, support and connect
people to crucial sources of help.”

Eve Rittenburg, MD
Southern Jamaica Plain Health Center

Help is available. Call BWH Passageway at
617-732-8753 or SafeLink at 877-785-2020.




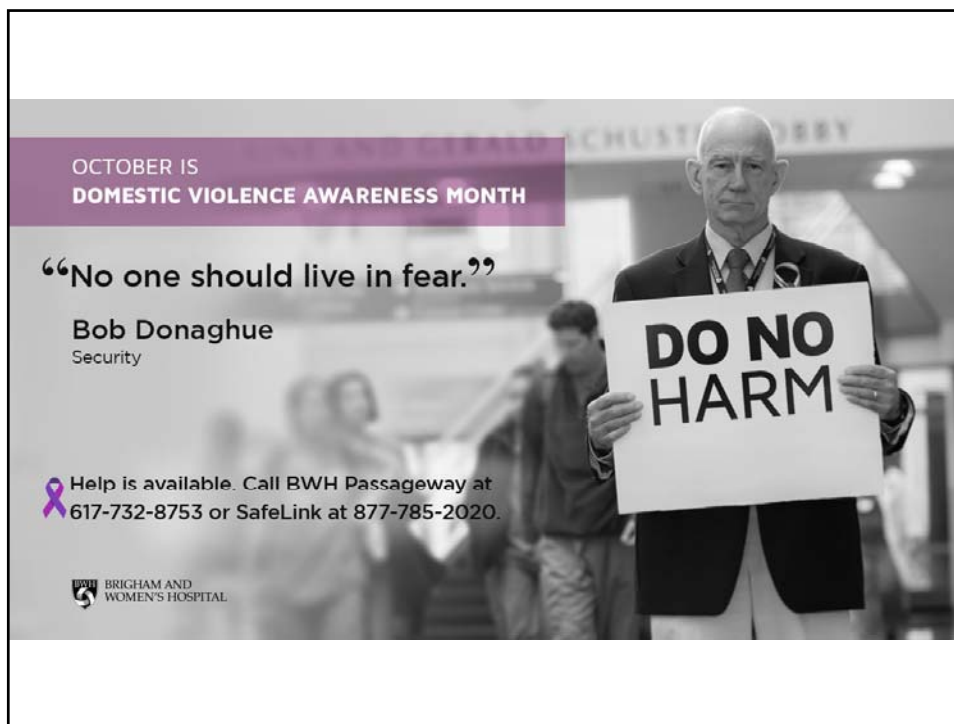
OCTOBER IS
DOMESTIC VIOLENCE AWARENESS MONTH

“We deserve to be loved,
valued and respected.”

Liliana Rosselli-Risal, MD
Southern Jamaica Plain Health Center

Help is available. Call BWH Passageway at
617-732-8753 or SafeLink at 877-785-2020.




A black and white photograph of Bob Donaghue, a man in a suit and tie, holding a white sign that says "DO NO HARM" in bold black letters. He is standing in a public space, possibly a lobby, with other people blurred in the background. The sign is held in front of his chest.

OCTOBER IS
DOMESTIC VIOLENCE AWARENESS MONTH

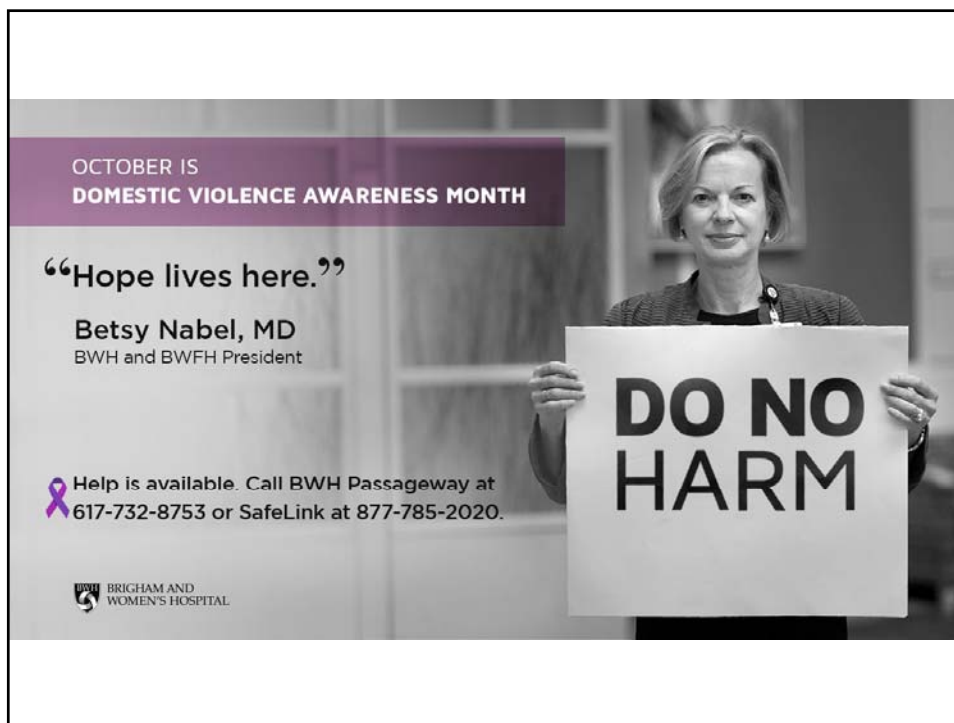
“No one should live in fear.”

Bob Donaghue
Security

Help is available. Call BWH Passageway at 617-732-8753 or SafeLink at 877-785-2020.



BRIGHAM AND
WOMEN'S HOSPITAL


A black and white photograph of Betsy Nabel, MD, a woman with short hair, wearing a dark jacket over a light-colored top. She is holding a white sign that says "DO NO HARM" in bold black letters. She is standing in a public space, possibly a lobby, with bookshelves visible in the background. The sign is held in front of her chest.

OCTOBER IS
DOMESTIC VIOLENCE AWARENESS MONTH

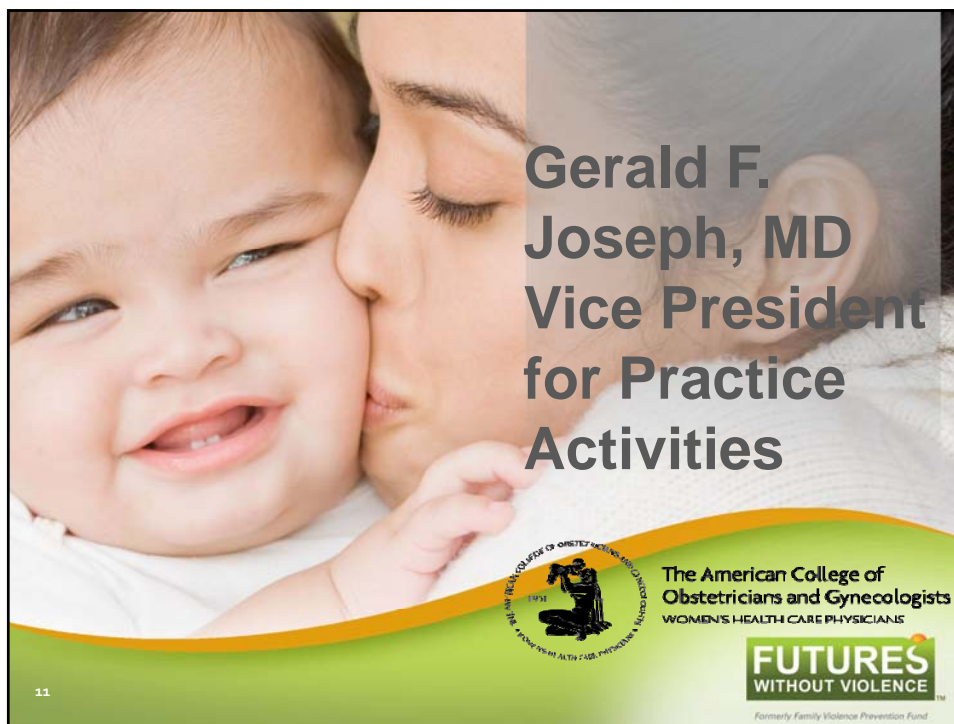
“Hope lives here.”

Betsy Nabel, MD
BWH and BWFH President

Help is available. Call BWH Passageway at 617-732-8753 or SafeLink at 877-785-2020.



BRIGHAM AND
WOMEN'S HOSPITAL



Gerald F. Joseph, MD
Vice President
for Practice
Activities

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The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

FUTURES
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Formerly Family Violence Prevention Fund

ACOG

- Strong Advocate for Women's Health
- Represents 55,000 practicing physicians in the United States
- A voice for our international conscience, with a strong statement about global women's rights



The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

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RECENT COMMITTEE OPINION ON IPV



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Number 518, February 2012

Intimate Partner Violence

Committee on Health Care for Underserved Women *This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.*

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REVIEWED IN THE OPINION

- **Assure screening is done universally**
- **Inform patients of the confidentiality**
- **Describe state law mandates**



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

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Specific for Maternity Coverage

- Health Care Providers should screen all women for IPV at periodic intervals
- Specifically for obstetric care
 - at the first prenatal visit
 - at least once per trimester
 - and at the postpartum checkup *offer ongoing support, and review available prevention and referral options*



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

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ACOG's Co-Branding Strategy with Futures

What is the best way to help support ACOG members and others in the field taking up these new recommendations? Create a partnership and with it access:

- **Posters**
- **Safety cards**
- **Training Curricula**
- **Addressing Intimate Partner Violence Reproductive and Sexual Coercion: A Guide for Obstetric, Gynecologic and Reproductive Health Care Settings**



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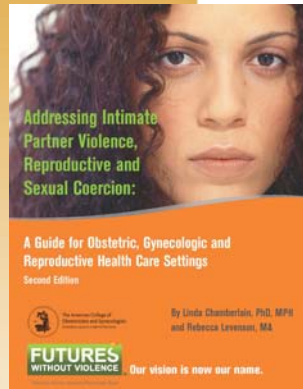


The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

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Getting started is as simple as downloading this Guide



Addressing Intimate Partner Violence, Reproductive and Sexual Coercion:

A Guide for Obstetric, Gynecologic and Reproductive Health Care Settings

This tool is available online:

http://www.futureswithoutviolence.org/section/our_work/health/elearning_sti

<http://www.acog.org>

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The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

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ACOG Guidelines

The American College of Obstetricians and Gynecologists (ACOG) recommends Expedited Partner Therapy (EPT) for cases of Gonorrhea and Chlamydia when the partner is unlikely or unable to otherwise receive in-person evaluation and appropriate treatment.

To view ACOG

opinion: http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Adolescent_Health_Care/Expedited_Partner_Therapy_in_the_Management_of_Gonorrhea_and_Chlamydia_by_Obstetrician-Gynecologists

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The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

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Implications for STIs/HIV Programs

Expedited Partner Therapy (EPT) and Partner Notification may be dangerous for patients experiencing abuse.

Patients may not be able to negotiate safe sex with an abusive and/or controlling partner

IPV may be a more immediate threat to a patient than a sexually transmitted infection or exposure to HIV.



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The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PROFESSIONALS

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REPEAT THE MESSAGE

- Every Woman, Every Time!
- With Obstetric Care: Remember THREE
 - at the first prenatal visit
 - at least once per trimester
 - and at the postpartum checkup

offer ongoing support, and review available prevention and referral options

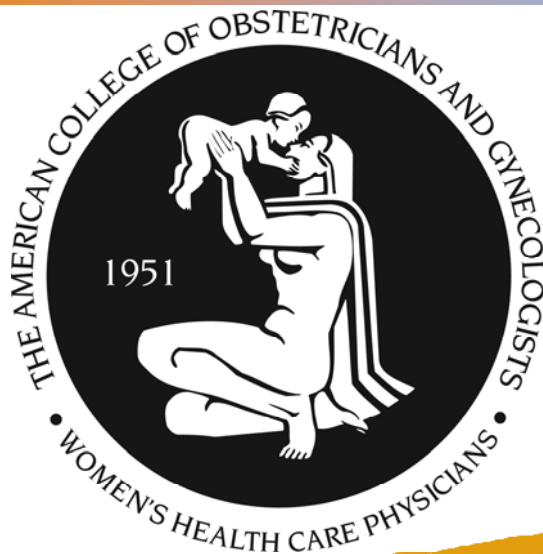


The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PROFESSIONALS

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THANK YOU!



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The American College of
Obstetricians and Gynecologists
WORLD-LEADING HEALTH CARE PROFESSIONALS

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Formerly Family Violence Prevention Fund

National Health
Resource Center on
Domestic Violence

Lisa James
Director of Health

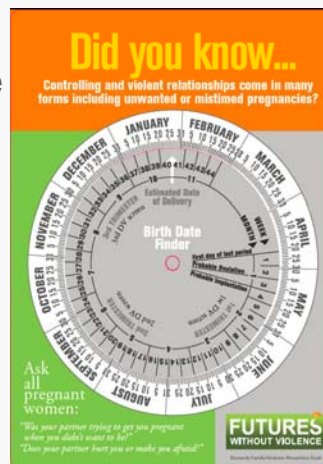
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National Health Resource Center on Domestic Violence

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- DHHS designated health resource center for over 16 years to improve health response to DV
- Partner with health systems, providers, associations and advocates
- Creates tools, training resources and model programs to improve health and safety of victims of abuse and their children



Why do we need health care response? Long term health consequences

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In addition to injuries, exposure to DV increases risk for:

- Chronic health issues
- Asthma
- Cancer
- Hypertension
- Depression
- Substance abuse
- Poor reproductive health outcomes

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What We've Learned from Research

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Studies show:

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



Setting specific examples

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Of 1278 women sampled in 5 Family Planning clinics

- 53% **experienced DV/SA**
- **Similar rates in other clinic settings**

Health interventions with women who experienced recent partner violence:

- **71% reduction** in odds for pregnancy coercion compared to control
- Women receiving the intervention were **60% more likely** to end a relationship because it felt unhealthy or unsafe

Miller, et al 2010

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Mental health prenatal and postpartum

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Screening and brief counseling resulted in a greater decline in IPV and significantly lower scores for depression & suicide ideation (Coker 2012)

At 6-weeks postpartum, women who received a brief intervention reported significantly higher physical functioning, and lower postnatal depression scores. (Tiwari 2005)

Women prenatal behavioral counseling for 2 to 8 sessions had fewer recurrent episodes of IPV during pregnancy and the postpartum period and had better birth outcomes

Partnerships make a difference

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Partnerships between advocates and health professional are not new

They inform our understanding of how to best to support patients impacted by IPV



- Hospital based programs
- 10 state program
- National Standards Campaign
- Project Connect
- AMCHP Project
- Delta Project
- NNEDV's HIV Project
- Much more

Project Connect

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Supported by OWH worked in 8 states and two tribes: trained over 5,000 providers



Project Connect has changed me, changed my approach to public health. I see the connections and how violence left unaddressed undermines each new effort to promote health. Violence isn't a safety checkbox on an intake form. No longer do I wonder, "Why isn't this working" when I'm considering program outcomes but, "how can violence be effectively addressed."

To Discuss Today

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- Based on the research and on practice - what does it mean to respond to IPV in health settings?
- How can we work together to promote a comprehensive health response to IPV



Considerations for responding to IPV

Elements of a comprehensive response

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- Review limits of confidentiality
- Brochure based assessment
- Address related health issues
- Offering support & validation
- Supported referral
- Trauma informed reporting (when required)
- Documentation and privacy



Example Disclosing Limits of Confidentiality Prior to Any Assessment

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“Before we get started I want you to know that everything you share with me is confidential, unless (fill in state law) you tell me that you are being hurt or forced to have sex by someone or are suicidal—those things I would have to report, ok?”

Not Just Adding a Question on a Form

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Multiple approaches to screening

- Validated assessment tools
- Adding questions to intake forms (electronic or written)
- Combined with verbal screen:
 - Setting specific
 - Integrated
 - Brochure based



Brochure Based Assessment

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How can using the safety card support providers in responded to IPV?

“The idea of creating the pocket size cards that contain important and comprehensive information and are translated into Arabic was very crucial to our communication with our clients.”

Mona Farroukh, clinic based advocate, Detroit Michigan



Consider Setting Specific Assessment

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Are you in an UNHEALTHY relationship?

Ask yourself:

- ✓ Does my partner mess with my birth control or try to get me pregnant when I don't want to be?
- ✓ Does my partner refuse to use condoms when I ask?
- ✓ Does my partner make me have sex when I don't want to?
- ✓ Does my partner tell me who I can talk to or where I can go?

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



“I feel safe that the physician takes time into consideration to ask me about my relationship. The questions are very personal and not lots of people in our lives usually ask these questions. The card helps me better understand myself and the wellness of my relationship. Thank you”



Example: What to do with a positive disclosure of domestic violence?

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Validate and Support

- “I'm so sorry this is happening in your life, you don't deserve this”
- “It's not your fault”
- “I'm worried about your safety”



Harm Reduction Examples

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Connect health issues to violence and offer setting specific harm reduction:

- **Mental Health:** address depression in context of abuse
- **Primary Care:** discuss healthy coping strategies
- **Reproductive health:** offer alternate birth control, emergency contraception and safe partner notification
- **Urgent Care:** safety planning



When Domestic Violence is Disclosed: Providing a 'Warm' Referral

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If there is no on-site DV advocate:

“If you are comfortable with this idea I would like to call my colleague at the local program (fill in person's name) Jessica, she 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...”



Providing a Referral to The National Hotline

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“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...”



What if I am in a state with mandatory reporting? Examples of how to support your patient:

40

- Know your state law (see HRC report)
- Inform your patient of your requirement to report explain what is likely to happen when the report is made
- Offer to connect your patient to an advocate to develop a safety plan in case of retaliation
- Make the report with the patient
- Consider universal education



Defining Success

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“Success is measured by our efforts to reduce isolation and to improve health and options for safety.”

Futures Without Violence



Getting Started:

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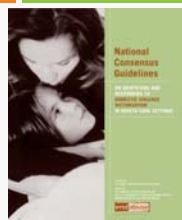


- Creating safe spaces
- Partnerships with advocates
- Training Strategies & Resources
- Protocols
- Reporting requirements
- Confidentiality protocols



How can the HRC help? Provider Tools and Technical Assistance

43



- National Consensus Guidelines
- Fact sheets
- Policy and systems reform strategies
- Screening and Safety cards
- Training resources and webinars



Relationships, Support and Wellness

Patient Resources:

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- Safety cards
- Posters
- Discharge instructions
- Patient Newsletters



Employee Resources

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- Sample workplace policies
- Caring for the caregiver tools
- Strategies for responding to vicarious trauma



Training resources



Training Videos & Slides

- STI/HIV settings
- Urgent Care
- Reproductive health
- Home visitation
- Perinatal settings
- Confidentiality
- Preparing your practice

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Setting Specific Resources:

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- Reproductive Health
- Adolescent health
- Home Visitation
- Pediatric Settings
- Indian Health Settings
- Mental health
- Urgent Care

Creating Sustainable Programs:

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- Performance Measures
- Quality improvement tools
- Privacy Principles
- Confidentiality protocols
- Documentation forms
- Information about diagnostic codes

What can DV/SA programs do?

49

- Contact the HRC if you need TA or materials
- Reach out to the health programs in your community to offer training and support
- Refer providers to HRC resources
- Partner with HRC to address and share challenges and successes at the local level
- Join upcoming webinars and other sessions



Tools for DV/SA advocates

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- Memo: forming partnerships with public health providers
- Sample MOU's
- Training Resources
- Webinars
- Technical assistance
- Fact sheets
- Tools from model programs
- HCADV day organizing tools



Improving the Health and Safety of Survivors

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Can it be done?
Yes!

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Thank You

The National Health Resource Center
on Domestic Violence
a project of Futures Without Violence:

Visit: www.FuturesWithoutViolence.org/health

Email: health@FuturesWithoutViolence.org

Lisa James: ljames@futureswithoutviolence.org





The Virginia Department of Health's Project Connect Partners

- VDH's Injury and Violence Prevention Program
- VDH's Women and Infants' Health Program
- Virginia Home Visiting Consortium
- Virginia Sexual and Domestic Violence Action Alliance
- University of Virginia School of Nursing
- Virginia Commonwealth University's Institute on Women's Health
- Local and State-Level Family Planning, Home Visiting and Advocacy Providers
- Representatives from Connect Pilot Sites

Training

- Family planning nurses in Local Health Departments and home visitors required to attend four-hour Project Connect training session
- 6 Train-the-Trainer Events, 40 half-day workshops and over 1,200 family planning/reproductive health providers and home visitors trained in last 2 years
- Half-day training program on DV/SV and health, family planning services and home visiting services for DV/SV program staff and piloted at a pilot site in 2012. To be piloted at 4 additional DV/SV programs and disseminated statewide in 2013.
- Web-based training to be made available in 2013



Policy and Practice

- Revised family planning clinic health history forms to include questions that assess for domestic violence, sexual violence and reproductive coercion
- Project Connect safety card intervention specified for use in family planning clinics
- Use of Relationship Assessment (WEB) Tool and Project Connect safety card to assess for DV/SV in home visiting settings
- Reproductive coercion questions added to Virginia Pregnancy Risk Assessment Monitoring System (PRAMS)



Policy and Practice (cont.)

- Procedures for implementing on-site health services in domestic violence programs
- Templates for formalized MOAs between DV/SV, home visiting and family planning programs
- Standardized health history forms for use in shelter-based health clinics
- Integrated reproductive coercion assessment questions into shelter intake forms

Evaluation and Continuous Quality Improvement

- Training (Pre, Post and 90-day Follow Up)
- Client Satisfaction Surveys
- Data on use of reproductive coercion assessment questions in domestic violence programs and Relationship Assessment Tool in home visiting programs (pilots)
- Family Planning Outcomes Evaluation
- Qualitative Data Collection (Providers and Clients/Patients)

RELATIONSHIP ASSESSMENT TOOL

This tool is designed to help you assess the quality of your relationship. It consists of 10 questions that you will answer based on your own experience. The questions are designed to help you identify areas of strength and areas that need improvement in your relationship.

Instructions: Please answer each question based on your own experience. The questions are designed to help you identify areas of strength and areas that need improvement in your relationship.

Questions:

1. How often do you and your partner talk to each other about your relationship?
2. How often do you and your partner talk to each other about your feelings?
3. How often do you and your partner talk to each other about your needs?
4. How often do you and your partner talk to each other about your expectations?
5. How often do you and your partner talk to each other about your future?
6. How often do you and your partner talk to each other about your past?
7. How often do you and your partner talk to each other about your present?
8. How often do you and your partner talk to each other about your children?
9. How often do you and your partner talk to each other about your family?
10. How often do you and your partner talk to each other about your friends?

Scoring: The total score is the sum of the number of 'Yes' answers. A score of 10 indicates a very strong relationship, a score of 5-9 indicates a moderate relationship, and a score of 0-4 indicates a weak relationship.

Successes: Family Planning



Post-Training Data from Providers and Patients:

- Over 40% of providers indicated an increase in offering harm reduction strategies and universal education on SV/DV to patients after training.
- The amount of providers assessing for reproductive coercion at pregnancy test visits and STI test visits more than doubled after training.
- 82% of patients reported their provider discussed healthy and unhealthy relationships with them.
- 71% of patients reported feeling safe coming to clinic, and 62% believed their provider would know what to do if she was in an abusive relationship.

Successes: Home Visiting



Post-Training Data from Providers and Patients:

- The percentage of home visitors who reported feeling confident assessing for SV/DV increased from 52% to 78% after training.
- The number of home visitors assessing for reproductive coercion with clients experiencing rapid repeat pregnancy increased from 59% to 79% after training.
- 90% of clients reported that it is helpful for home visitors to talk to them about healthy and unhealthy relationships.
- 89% of clients believed that their home visitor would know what to do if she was in an abusive relationship.

Questions?



Laurie Crawford, MPA
Sexual & Domestic Violence Healthcare Outreach Coordinator
Division of Prevention and Health Promotion
Office of Family Health Services
Virginia Department of Health
804.864.7705
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Virginia Sexual and Domestic Violence
ACTION ALLIANCE

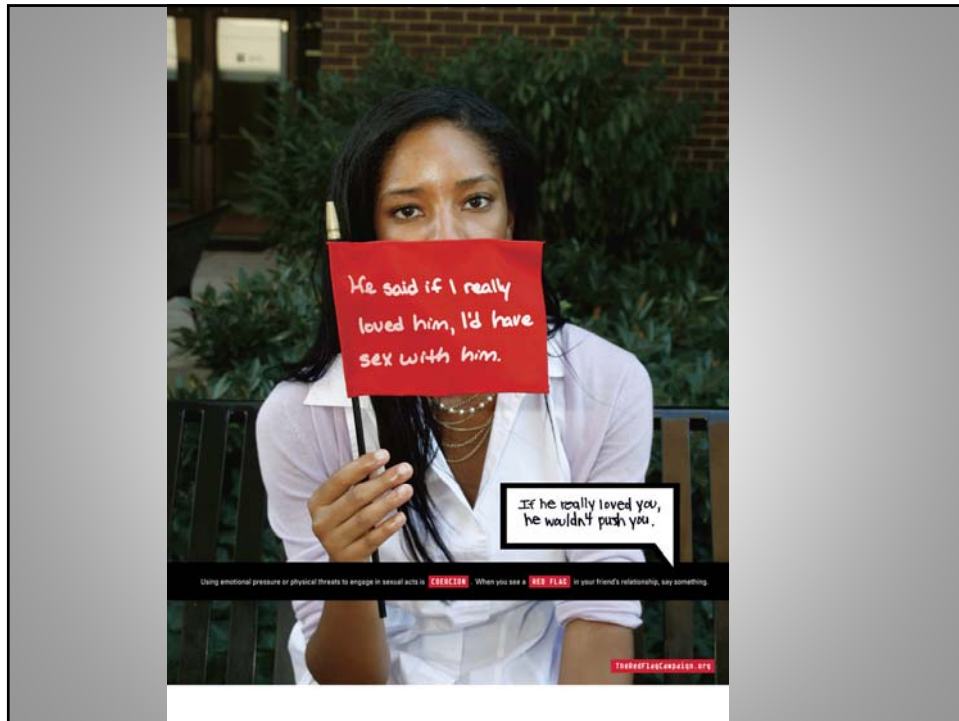
Project Connect
Liz Cascone, MSW
Advocacy Manager

Sexual & Domestic Violence Coalitions

- Resource development & best practices
- Technical assistance & training
- Program development
- Public policy
- Direct services
- Data collection
- Coordinated statewide response
- Membership networks

What can your state Coalition provide?

- Knowledge/Expertise on sexual and/or domestic violence
- Link to local sexual/domestic violence coordinated community response teams
- A trauma informed approach to working with survivors
- Access to statewide relationships that lead to systems change
- Avenues to partnerships in unique settings



Creating a Culture of Wellness

Ruth G. Micklem
Community Response Coordinator
The Haven Shelter and Services
October 2012



The "Northern Neck" is a peninsula between the Potomac and the Rappahannock Rivers, surrounded by the Chesapeake Bay.

The Northern Neck of Virginia



The Haven

32-Bed Shelter

5 rural counties

4 FT and 6 PT staff providing services



- Transform the Culture of our Services to become more nurturing and sensitive by improving our trauma informed approach.
 - Promote health and wellness with a focus on fitness, smoking cessation and healthy diet along with improved access to health care services.
 - Sustain the project when funding ends.
- Project Connect Goal**

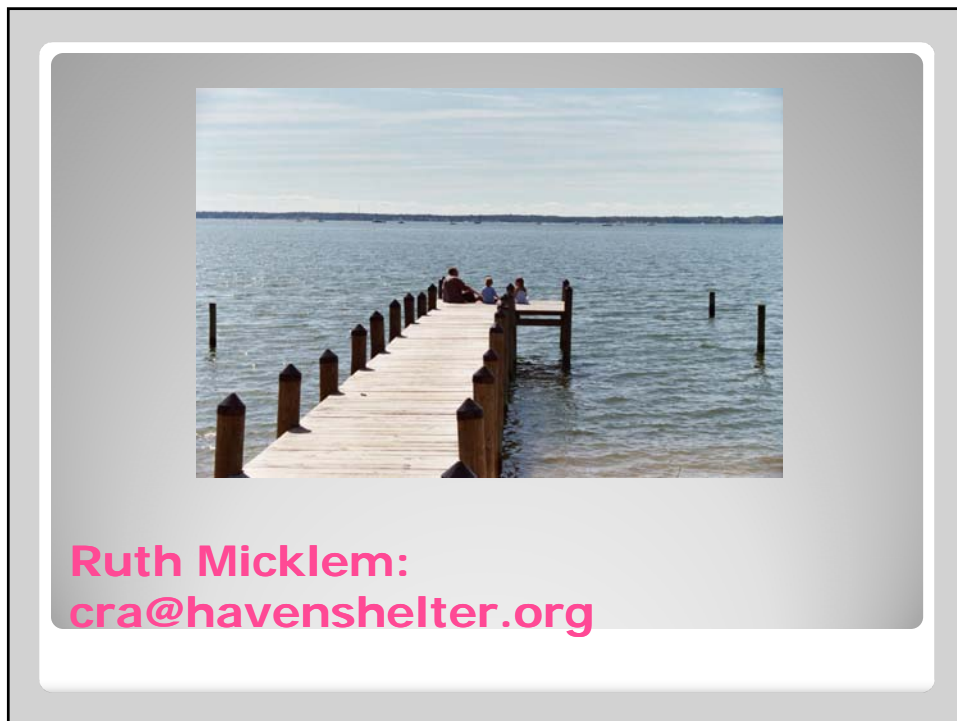
Space for Health Screening



Nurses who have completed training come to shelter and provide screening and referrals.

- **Questions about Health**
- **Questions about Reproductive Coercion**
- **Health Care Information Sheet**
- **Offer access to Shelter Nurse**

Intake Process



Group Discussion: Promoting Successful Partnerships

Shawndell Dawson, Division of Family Violence Prevention
Lisa James, National Health Resource Center on Domestic Violence,
Kenya Fairley, National Resource Center on Domestic Violence

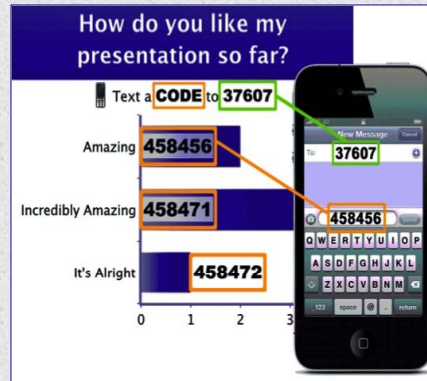
Polleverywhere

- o Just like on TV shows like American Idol, So You Think You Can Dance, and America's Best Dance Crew (ABDC), we're going to conduct a group poll
- o You'll be able to vote using your cell phone, through our website, or on Twitter
- o Polleverywhere is a secure service that does not store or share your cell phone number, however standard text messaging rates do apply

Vote via text

TIPS:

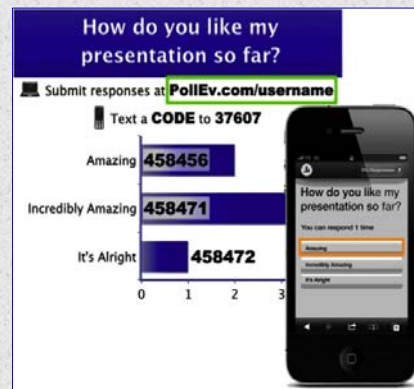
1. Standard texting rates only (free or up to \$0.20)
2. Polleverywhere has no access to your phone number
3. Capitalization doesn't matter, but spaces and spelling do



Vote online

TIPS:

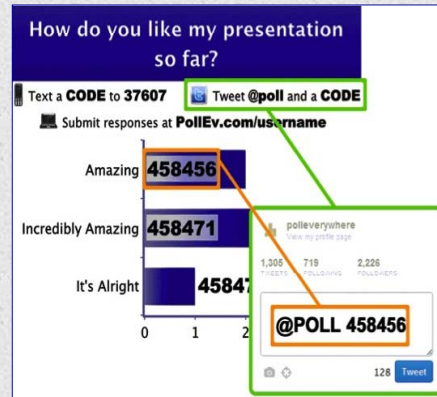
1. Visit <http://www.polleverywhere.com/HHSDVAM2012>
2. Follow the instructions on the screen
3. Capitalization doesn't matter, but spaces and spelling do



Vote via Twitter

TIPS:

1. Capitalization doesn't matter, but spaces and spelling do
2. Since @poll is the first word, your followers will not receive this tweet



Poll Q1: What's Your Experience?

How many of you have been asked by your provider about intimate partner violence?

- a. Many times (code: 351744)
 - b. Once or twice (code: 351816)
 - c. Never (code: 351817)
- o Text your code choice to: 22333
 - o Enter your code choice online at: <http://www.PollEV.com/HHSDVAM2012>
 - o Tweet your code choice to: @poll
 - o Live results will display on screen

Poll Q2: Scripted Conversations

Vote on which script you prefer your healthcare provider use to open or continue a conversation about relationship abuse with you.

- a. I'm worried about your safety? Is someone hurting you at home? (code: 30298)
- b. We've started talking to all the patients in our clinic about what they deserve in relationships. I have some resources other patients have found helpful, would you like one? (code: 30365)
- c. We've started giving these cards to all the patients in our clinic. I want you to know that on the back of this card, there are national hotline numbers with advocates who are available 24/7 if you want to talk. They can connect you to local shelter services if you need more urgent help. (code: 30428)

- o Text your code choice to: 22333
- o Enter your code choice online at: <http://www.PollEV.com/HHSDVAM2012>
- o Tweet your code choice to: @poll
- o Live results will display on screen

Poll Q3: Creating Supportive Spaces

Which of the materials would you feel comfortable posting on Facebook for your friends or suggesting to your healthcare provider for display in their waiting area, exam rooms and office space?

- a. Did You Know Your Relationship Affects Your Health? (code: 31038)
- b. Bring Your New Baby Home (code: 31051)
- c. Is Your Relationship Affecting Your Health? (code: 31110)
- d. Other materials (code: 376864)
- e. None of the above (code: 376865)

- o Text your code choice to: 22333
- o Enter your code choice online at: <http://www.PollEV.com/HHSDVAM2012>
- o Tweet your code choice to: @poll
- o Live results will display on screen

Poll 3 Image: Did You Know Your Relationship Affects Your Health? (code: 31038)



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Poll Q3 Image: Bring Your New Baby Home (code: 31051)



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Poll Q3 Image: Is Your Relationship Affecting Your Health? (code: 31110)



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Group discussion #1 (5 minutes)

Knowing that partnerships between healthcare providers and advocates can make a difference in improving health and safety outcomes for families impacted by violence, how can the Federal Government help create sustainable partnerships in local communities?

Group discussion #2 (5 minutes)

Please share a success story that resulted from a successful collaboration in communities where people and organizations are doing positive work in healthcare settings to help families impacted by intimate partner violence?

**BRIDGING
THE
GAP**

Screening and Counseling for
Intimate Partner Violence in
Health Care Settings

OCTOBER 9, 2012 | HUBERT H. HUMPHREY BUILDING - GREAT HALL | 1PM-3PM

Lynn Rosenthal,
White House Advisor
on Violence Against Women