Integrating Services For Survivors of Violence in a Range of Health Settings

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FUTURES WITHOUT VIOLENCE®

A health, education and social justice NGO working for the last 30 years to heal those who are traumatized by violence today – and to create healthy families and communities free of violence tomorrow

Health Resource Center on Violence Against Women and Children

Free tools/technical assistance:

- Patient education tools
- Training curricula
- Clinical guidelines
- Health system change strategies
- Policy recommendations

Why Health?

Center for Disease Control and Prevention

Opportunity Prevention and Healing

- Share health strategies we've been pursuing to:

- Strengthen the evidence base
- Strengthen the capacity of health systems to respond
- Strengthen the role of health system to prevent IPV
- Strengthen political and financial commitment

Key Elements: Comprehensive systems response

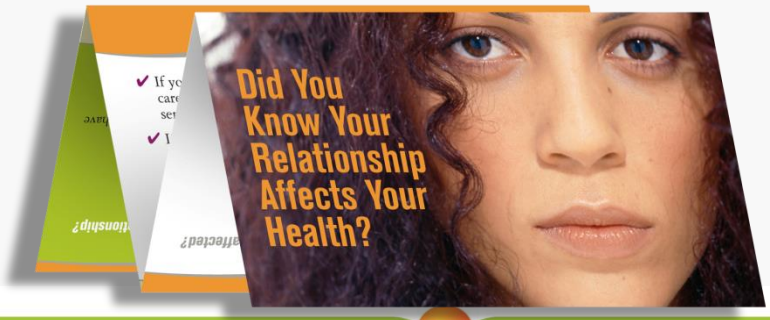
Not Just Adding a Question on a Form:

- Universal prevention education & direct inquiry
- Setting specific harm reduction
- Systems changes

Universal Education and Assessment

- Screening alone, without a response is ineffective
- Universal education does not rely on disclosure to facilitate a discussion on health promotion
- Builds provider empathy and skill
- Missed opportunity to provide IPV educational resources and support services to increase.

(Feder et al, 2014; O'Doherty et al. 2014 Nelson et al. 2012; Bair-Merritt et al. 2014; McCloskey 2006; Miller et al. 2011)



Disclosure is not the goal

Survivors have many reasons they may not disclose experiences of trauma to their provider:

- **Fear of consequences**
- **Mistrust of systems**
- **Desire for violence to end, not the relationship**
- **Potential loss of supports**

(Chang 2005; Gerbert 1996)

Shifting health sector response:

From screening and disclosure to universal education, can serve as:

- **primary prevention** (for those never exposed)
- **secondary prevention** (for individuals with histories of IPV)
- **intervention** for those experiencing IPV (including those who do not disclose).

How to begin Universal Education

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

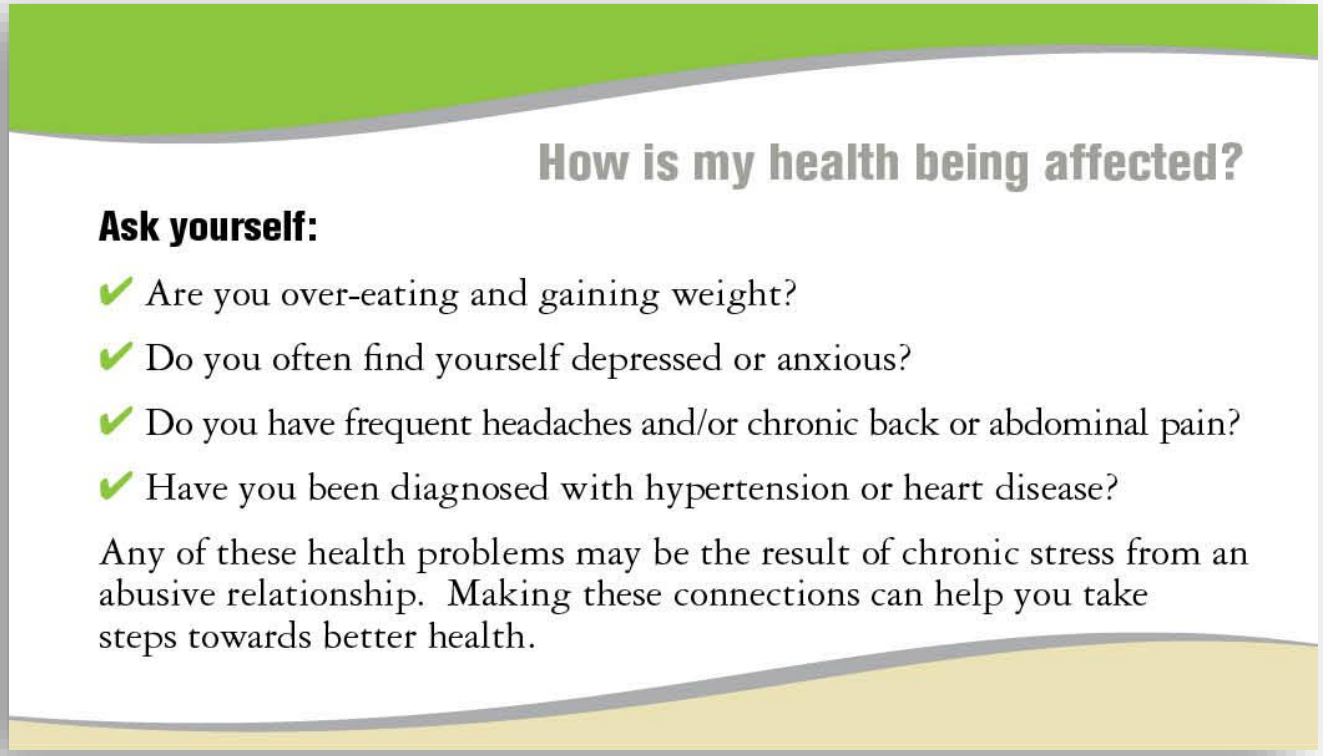
Discuss resource that can be shared with peers.

Direct Inquiry

“Is this happening in your relationship?”

Support: Make the Connection

Help your patient make the connection between their relationship and health outcomes.



Partnering with a Domestic/Sexual Violence Program

- Connect to advocate at clinic on phone
- Advocates provide their clients risk assessment, safety planning, and support.
- Connect clients to additional services like:
  - Housing; Health; Legal advocacy; Support groups/counseling
- Strengthen clinical responses to D/SV in many ways.

Healthcare providers can make a difference!

Women Who Talked to Their Health Care Provider About Experiencing Abuse Were

4 times more likely to use an intervention such as:

- Advocacy
- Counseling
- Protection orders
- Shelter
- or other services

McCloskey et al. (2006)

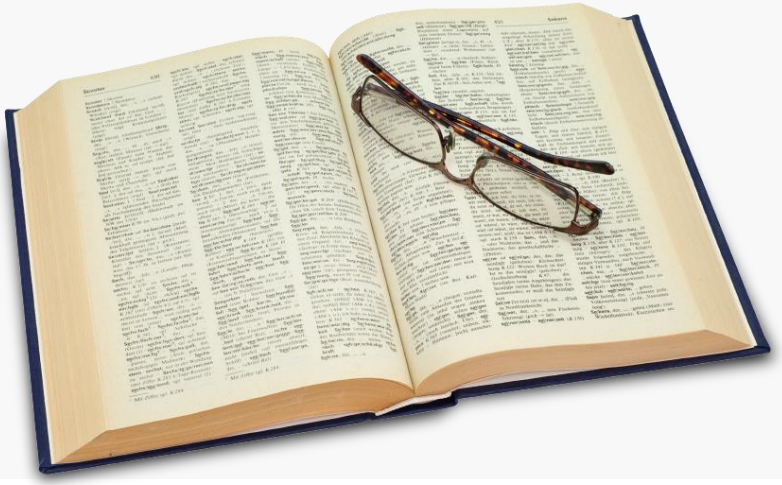
Reproductive Health Example

Futures Without Violence Reproductive Health Safety Card

(Funding: NICHD and HHS, ACF and OWH)

Definition: Reproductive and Sexual Coercion

Behaviors to maintain power and control in a relationship related to reproductive health by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent.



- Explicit attempts to impregnate a partner against her wishes or interfering with contraception
- Controlling outcomes of a pregnancy
- Coercing a partner to have unprotected sex

Among a sample of 1278 women ages 16-29 in 5 Family Planning clinics

53% experienced DV/SA

Mirrors findings from studies nationwide – family planning clients have high prevalence of violence

Miller, et al 2010

After Universal Education we offered harm reduction:

Harm Reduction Counseling

- Birth control that can't be interfered with
- Emergency contraception
- Regular STI testing
- STI partner notification in clinic vs. at home

Intervention Results

Among women in the intervention who experienced recent partner violence:

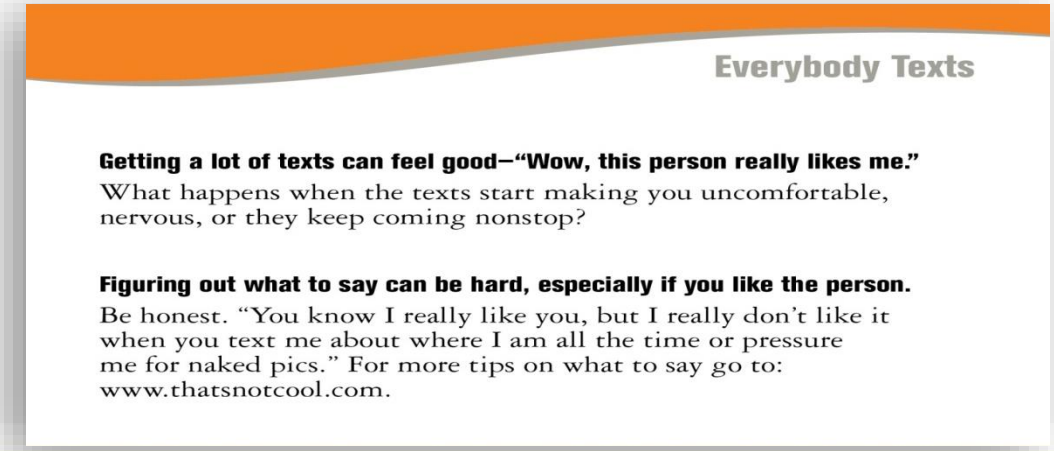
71% reduction in odds for pregnancy coercion compared to control

Women receiving the intervention were **60% more likely** to end a relationship because it felt unhealthy or unsafe

(Miller et al. 2010)

Adolescent Health

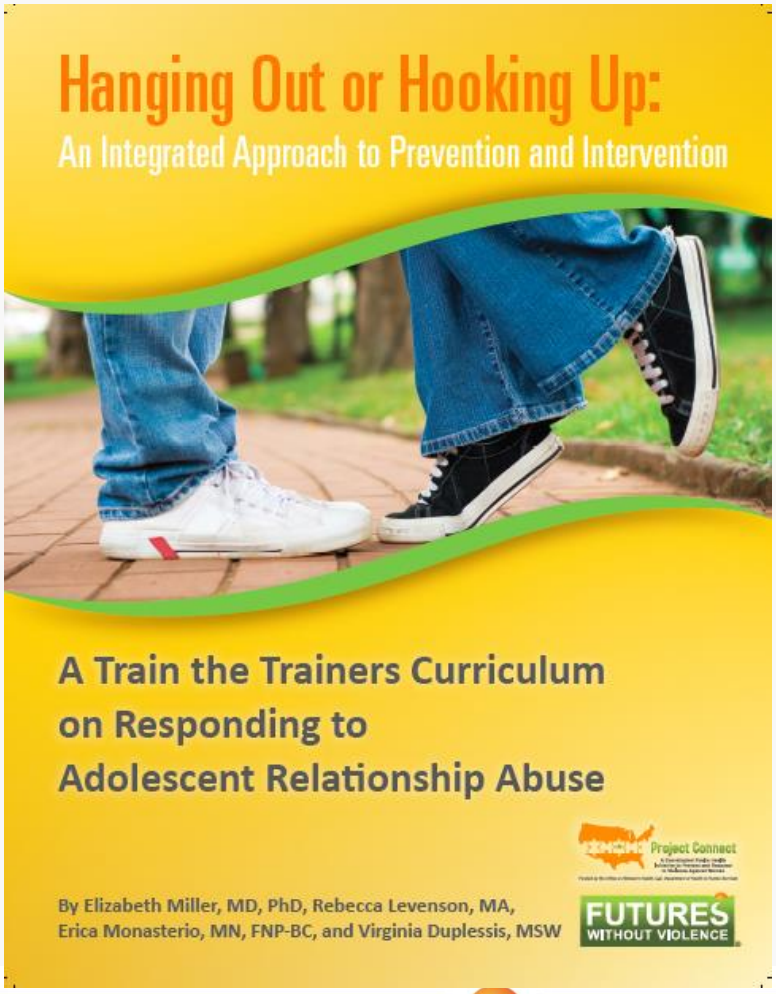
- Anticipatory guidance on healthy relationships
- Direct assessment
- Harm reduction
- Warm referral



Everybody Texts

Getting a lot of texts can feel good—"Wow, this person really likes me."
What happens when the texts start making you uncomfortable, nervous, or they keep coming nonstop?

Figuring out what to say can be hard, especially if you like the person.
Be honest. "You know I really like you, but I really don't like it when you text me about where I am all the time or pressure me for naked pics." For more tips on what to say go to: www.thatsnotcool.com.



School Based Health Intervention: Results

After Training and intervention put into place:

- Textual harassment victimization in the past 3 months decreased in both sites: **65%** to **22%** (school health center) and from **26%** to **7%** (teen/young adult health center)
- In the teen/young adult health center site, past 3 month reproductive coercion decreased from **13%** to **2%**
- **84%** state they would bring a friend to the health center if they were experiencing an unhealthy relationship

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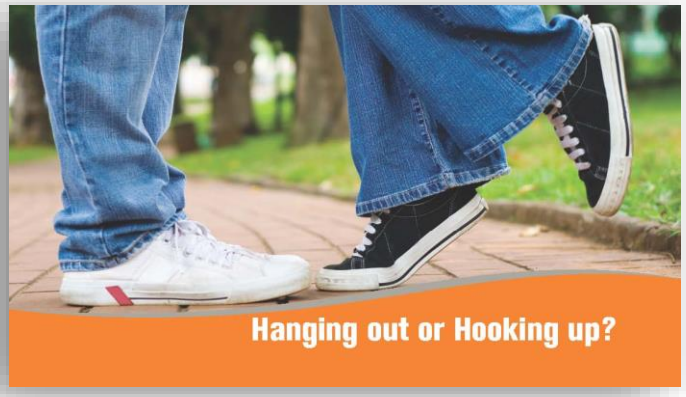
BECAUSE ADOLESCENTS MATTER NOW

California School Based Health Intervention: Student Voices

"I was in a really bad relationship and talked to them [providers at SBHC], I got out of it. Like, they helped me to realize that I'm way better and I deserve better, and it actually helped. It boosted my confidence in myself and I became a more independent young woman, I think."



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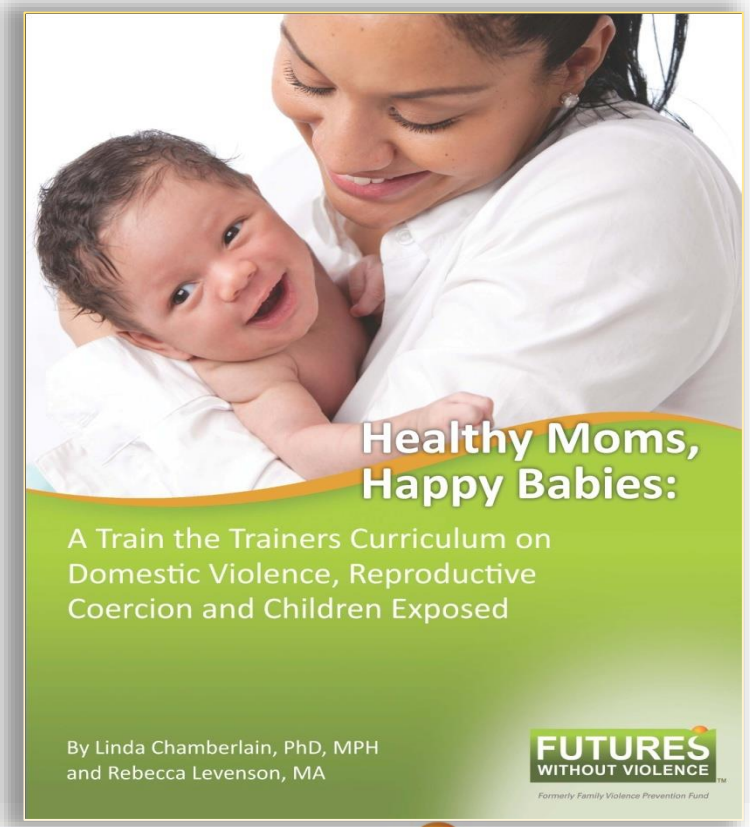
Visit Specific Harm Reduction over Life Course

- **HIV settings:** Address intersection IPV/HIV create a trauma informed care plan
- **Mental Health**: address partners attempts to undermine sobriety and sanity
- **Primary Care:** partners interfere with access to care, asthma (hide inhalers, smoke perfume) interfere with exercise plan etc. (medication adherence or care plan)
- **Urgent Care:** Lethality assessment and safety planning

Prevention in Pediatric and Perinatal Settings

- Beyond ACE scores to family resiliency : Universal education regarding the impact ACE's has on health and parenting
- Supportive parenting messages
- Direct DV assessment & safety planning



Other Setting/visit-specific Resources

Young Moms

Primary care

Campus Health Centers

HIV

ALTRUISM HEALS

Client perspectives

"[Getting the card] makes me actually feel like I have a lot of power to help somebody…"

Provider perspectives

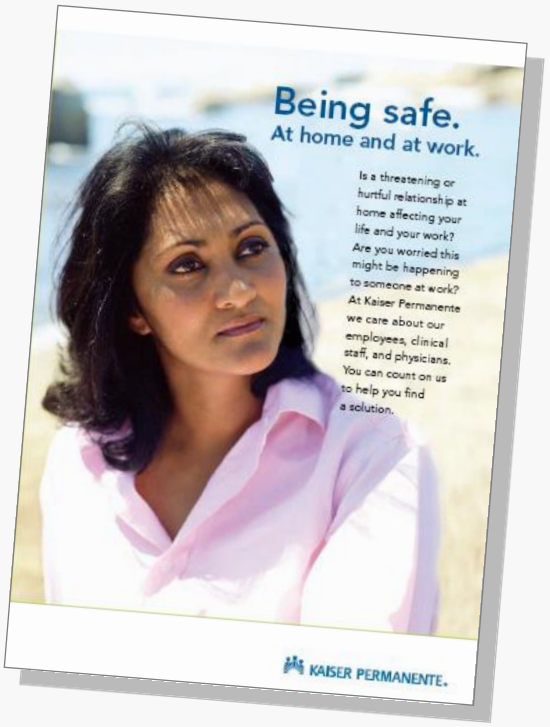
"(The safety card) made me feel empowered because… you can really help somebody,… somebody that might have been afraid to say anything or didn't know how to approach the topic, this is a door for them to open so they can feel… more relaxed about talking about it."

Sustainable Programs: Systems Reform Model

- Changing environment
- Multi-disciplinary team approach
- Systems reforms
  - Policies and procedures
  - Forms and electronic records
  - Measurement and benchmarks
- Addressing staff exposed to violence
- Implementing reflective supervision

Employee Resources

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



Policy Support and Spread

- Administration Children Families
- Planned Parenthood
- Teen pregnancy programs
- Home Visitation benchmarks
- School & campus health responses
- Partner with AAP and other pediatric and perinatal programs

TRUMP?

Building Momentum: Next Steps

Partnership and payment models created

- Test payment strategies
- Make the case for ROI

Identify new data measures to impact policy

- Test new measures on health outcomes
- Apply to state and national quality measures

Building Momentum: Next Steps

Align with multi sectoral work to address Social Determinants Of Health

- Multi sectoral work (ACH)
- Clinical tools on SDOH PRAPARE's
- Addressing equity goes hand in hand with violence prevention
- IPV health equity in all policies: housing, employment, education

Strategic Lines of Action

Strengthen the evidence base

Strengthen political and financial commitment

Strengthen the capacity of health systems to respond

Strengthen the role of health system to prevent IPV

Thank you!

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