



**Oregon Safer Futures
Healthcare Approaches to Preventing and
Responding to Domestic Violence**

Tuesday, March 3, 2015
12:30pm-1:30pm PDT

Welcome to the webinar! We will begin in a moment.

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OREGON SAFER FUTURES
**Healthcare Approaches to Preventing and
Responding to Domestic Violence**

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March 3, 2015



Funding and disclosures

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- ① This webinar was made possible by Grant #1SP1AH000019 from the HHS Office of Adolescent Health
- ① Contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department of Health and Human Services or the Office of Adolescent Health.



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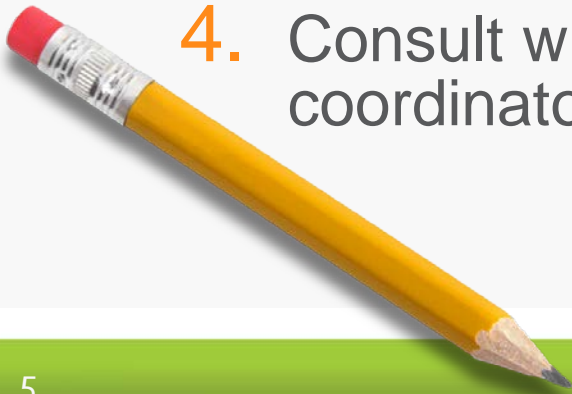


Learning Objectives

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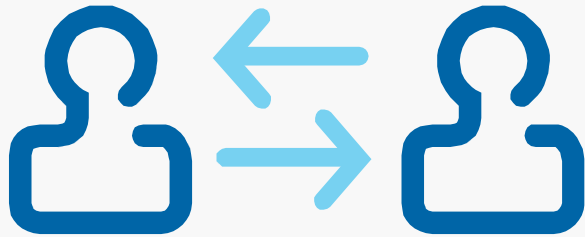
As a result of attending this webinar, participants will be better able to:

1. Describe the impact of domestic violence on long-term health
2. Identify two tools to assess for domestic violence in their clinical setting
3. Make warm referrals Safer Futures advocates when domestic violence is disclosed
4. Consult with Safer Futures advocates and training coordinators for further support and resources.



Why are we here?

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Healthcare providers and domestic violence advocacy programs play unique but equally important roles in helping achieve positive health outcomes and promoting healthy relationships. *Oregon Safer Futures* strives for increased collaboration and cross-referrals between these programs.



Healthcare providers can make a difference!

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

4 **times more likely** to
use an intervention

2.6 **times more likely**
to exit the abusive
relationship

McCloskey et al. (2006)



DV assessment through the lens of Triple Aim

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- Client-centered/trauma-informed care
- IPV is a public health issue
- Cost savings through prevention and collaboration

GOAL: Triple Aim

A new vision for a healthy Oregon

- 1 Better health.**
- 2 Better care.**
- 3 Lower costs.**

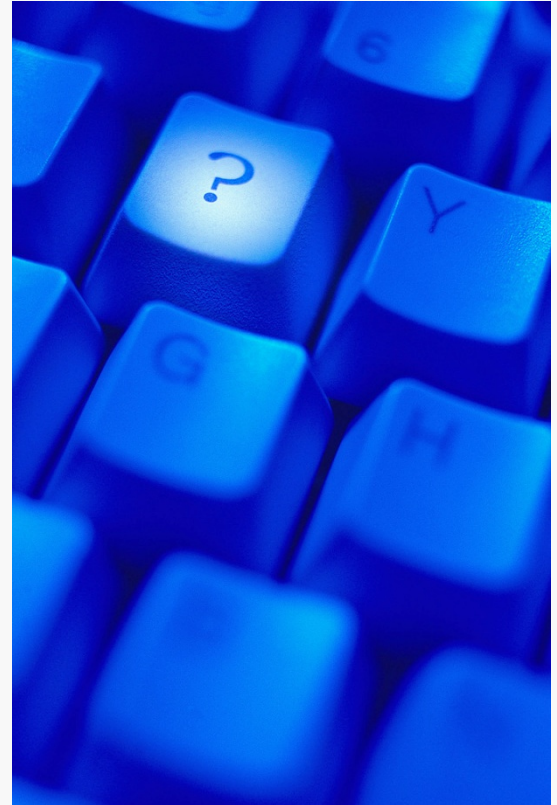


Participant Poll

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Share in the chat box:

What are some health impacts of experiencing domestic violence?



More than broken bones and black eyes

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Center for Disease Control and Prevention



Reproductive and sexual health

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- Increased risk for unintended and rapid repeat pregnancy
- Increased incidence of low birth weight babies, preterm birth and miscarriages

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

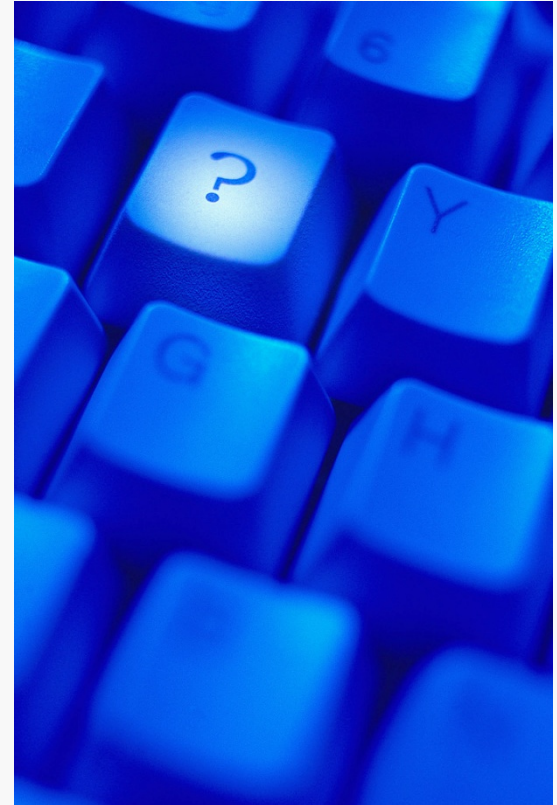
- Abuse is **more common than gestational diabetes or preeclampsia** -- conditions for which pregnant women are routinely screened.



Participant Poll

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- 1) Has your primary care provider asked you about IPV?
- 2) For those that answered yes, did the screening include:
 - ✓ Filling out a screening form
 - ✓ Talking to your provider
 - ✓ Both



Stop and Consider...

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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 the patient said anything?



Video: “I talk to all my patients...”

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The following video clip demonstrates how providers can integrate universal education and direct assessment for DV when screening protocols are currently in place

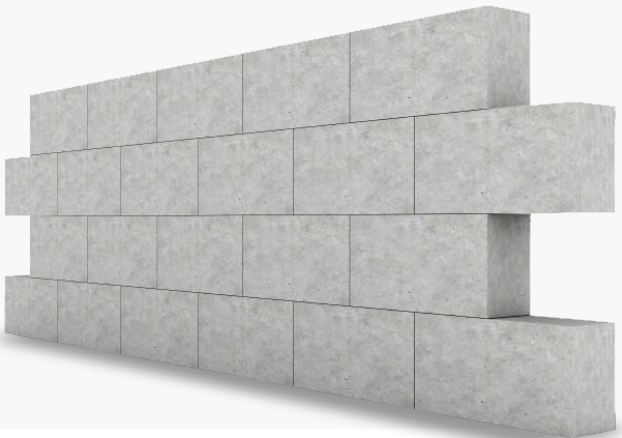


Barriers to Identifying and Addressing IPV

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Providers 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
- Worry about mandatory reporting
- Lack of time



Addressing the Barriers

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Simplifying process of direct assessment and universal education about DSV for providers

- Connect DV and health risks to visit
- Safety card intervention
- Harm reduction
- Referral & support

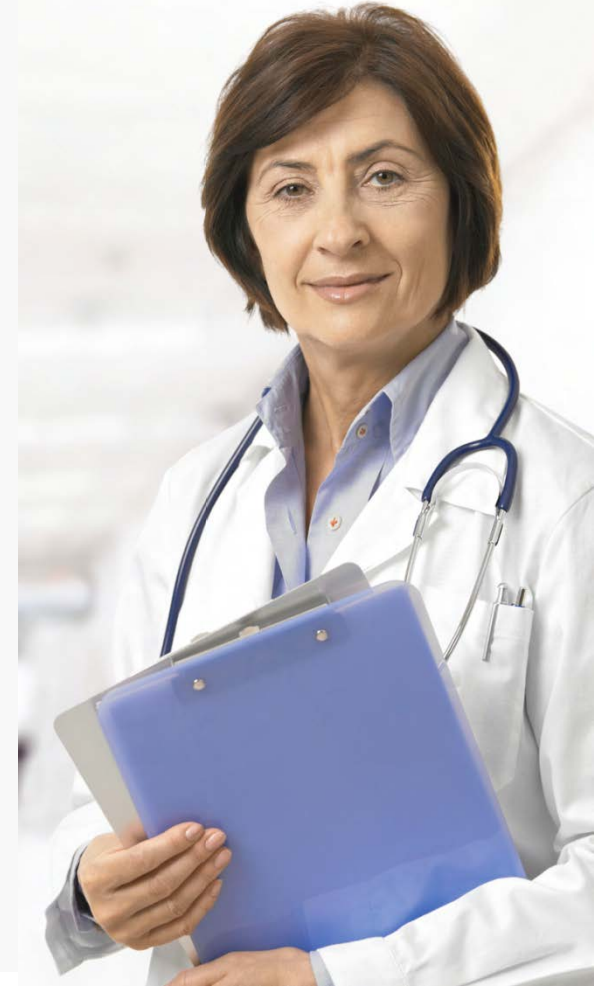


Before any discussion of DV in the health setting

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Providers must:

- Understand their mandatory reporting requirements
- Know how to connect patients with local DV advocates
- See patient alone
- Disclose the limits of confidentiality



ASSESSMENT AS INTERVENTION

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**PRIMARY
PREVENTION**

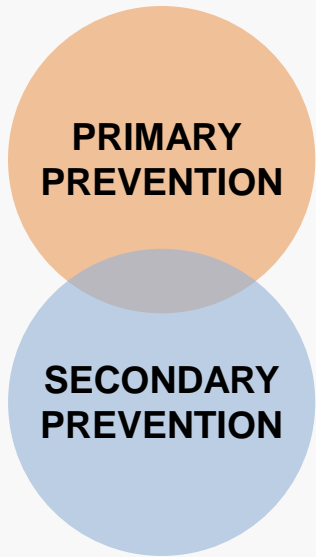
Primary Prevention:

For clients who are not experiencing abuse, universal education affirms that DV is an important health care issue and provides an opportunity to talk about healthy relationships and the warning signs of an abusive relationship.



ASSESSMENT AS INTERVENTION

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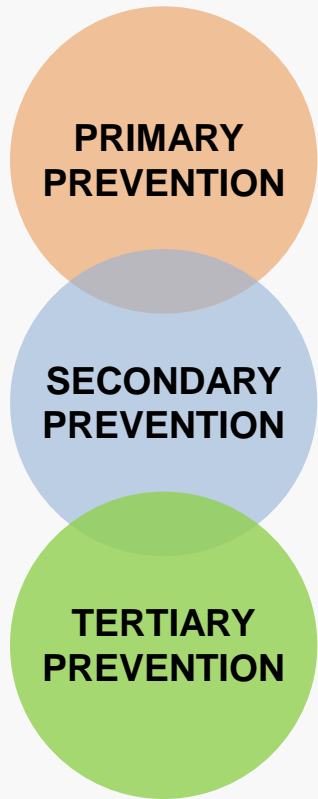
Secondary Prevention:

In the early stages of an abusive relationship, early identification and intervention can prevent serious injuries and chronic illnesses as the violence escalates and the entrapment increases.



ASSESSMENT AS INTERVENTION

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Tertiary Prevention:

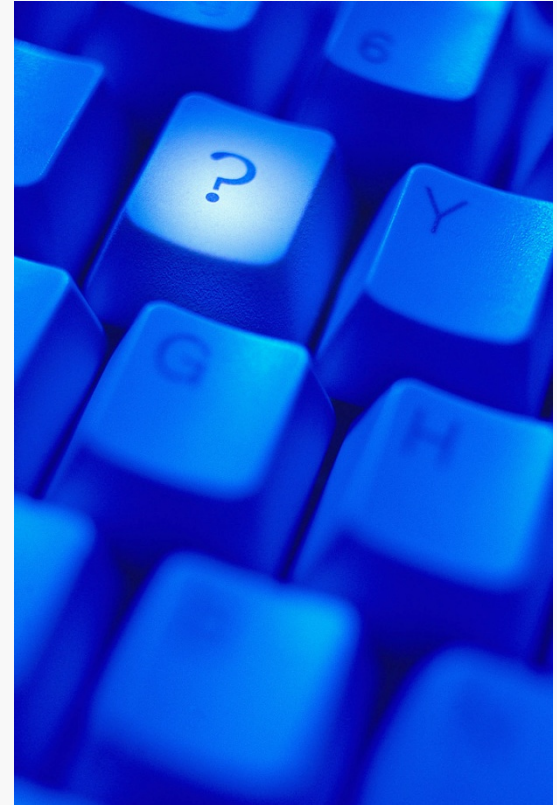
In relationships with escalating violence, direct assessment provides the opportunity for disclosure in a safe and confidential environment. Even if clients do not feel safe disclosing their abuse, giving supportive messages can end their isolation and let them know that they have options.



Participant Poll

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- 1) Research tells us that the prevalence of DV is approximately 25%. Do your screening rates reflect that?
- 2) If not, why do you think that is?



Video: “Why should I use the card?”

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The following video clip demonstrates the importance of incorporating a safety-card intervention into DV screening practices



Patient-centered approach to DV assessment

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- Patients want providers to talk to them about DV
- Concerns about how information will be used
- Empower patients with information, regardless of screen



The “perfect” screening question will not necessarily increase disclosure rates



How is the Safer Futures approach different than traditional DV screening practices?

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- Focus on prevention and intervention
- All patients have access to information on DV services
- **Disclosure is not the goal**
- Advocate is a key member of health care team



Tools for providers

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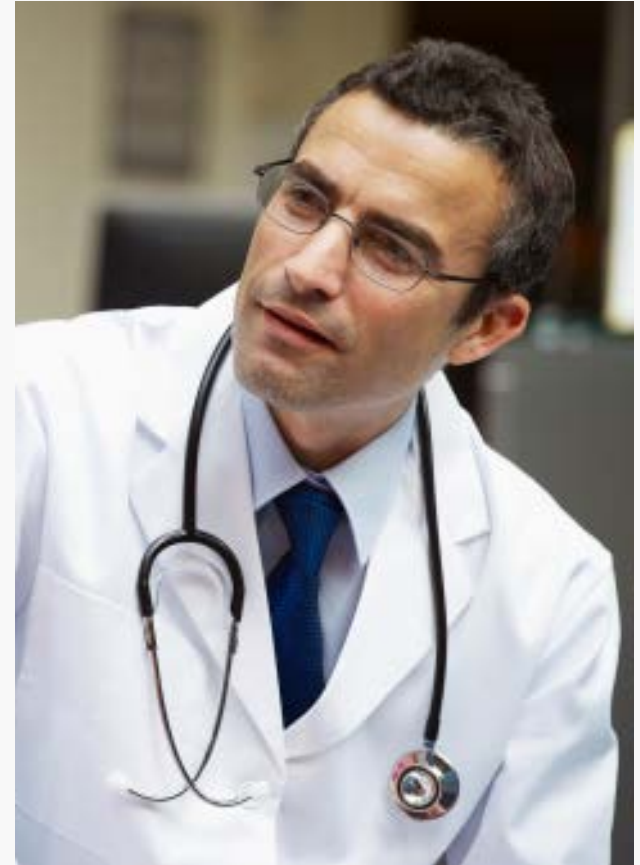
A brochure-based intervention to address IPV



A simple intervention

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- Disclose limits of confidentiality
- Normalize activity: “I talk to all my patients about this”
- Provide anticipatory guidance on healthy relationships
- Using card as a guide, ask direct questions and highlight referrals
- For patients who disclose abuse:
 - Offer harm reduction strategies
 - Warm referral to DV services
 - Follow up at next visit



Framing the Card for Friends and Family

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- Always offer two cards
- Framing conversation about helping others allows patients to learn about risk and support without disclosure
- Patients use cards to help their friends and family
- Having the information on the card is empowering



An opportunity to talk about healthy and safe relationships

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Are you in a HEALTHY relationship?

Ask yourself:

- ✓ Is my partner kind to me and respectful of my choices?
- ✓ Does my partner support my using birth control?
- ✓ Does my partner support my decisions about if or when I want to have more children?

If you answered *YES* to these questions, it is likely that you are in a healthy relationship. *Studies show that this kind of relationship leads to better health, longer life, and helps your children.*



Video: Making the Connection

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The following animated video clip introduces the definition and prevalence of reproductive coercion, as well as the role that health care providers can have in identification and response.



Questions specific to reproductive health

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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.

Sample Script:

“Before I review all of your birth control options, I want to understand if your partner is supportive of your using birth control. Has your partner ever messed or tampered with your birth control or tried to get you pregnant when you didn't want to be?”



Follow-up to Disclosure of Reproductive Coercion

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“What you’ve told me also makes me worried about your health and safety in other ways. Sometimes when a partner is trying to get you pregnant when you don’t want to be they might also try and control or hurt you in other ways.”

“Is anything like this happening in your relationship?”



Direct Assessment for DV

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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.

Is your BODY being affected?

Does my partner refuse to use condoms?

- ✓ Am I afraid my partner would hurt me if I told him I had an STD and he needed to be treated too?
- ✓ Have I hidden birth control from my partner so he wouldn't get me pregnant?
- ✓ Has my partner made me afraid or physically hurt me?

If you answered *YES* to any of these questions, you may be at risk for STD/HIV, unwanted pregnancies and serious injury.



Steps for Responding to Disclosures

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1. Validate patient's experience.
2. Ask about immediate safety concerns.
3. Offer harm reduction strategies.
4. Refer to a domestic violence advocate.
5. Follow up at next visit.

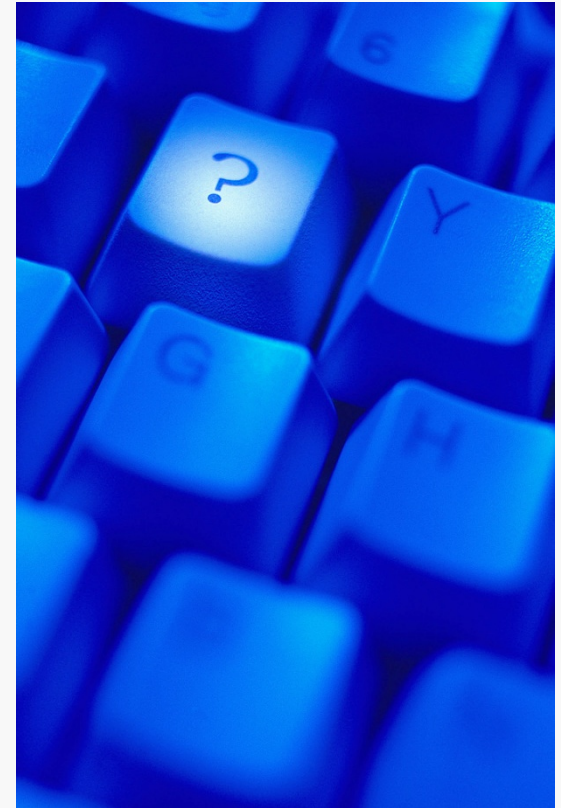


Participant Poll

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What steps have you taken to increase your capacity to respond to disclosures

- ✓ Received training on response, including mandatory reporting requirements
- ✓ Called the National DV Hotline
- ✓ Collected up-to-date referral information
- ✓ Talked to my Safer Futures partner about how to make referrals



Warm referral as a key component

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

“If you are comfortable with this idea I would like to call my colleague (fill in person's name), she has helped many women who have been in similar situations.”

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)



Formerly Family Violence Prevention Fund

FuturesWithoutViolence.org



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

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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



Voices from patients

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“ I was in a really bad relationship and talked to [my provider], 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 woman, I think. ”



Combining current screening practices with safety card intervention

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- Screening question as a prompt to introduce card
- Every patient is offered 2 cards
- Warm referral to Safer Futures partner when abuse is disclosed
- Ongoing technical assistance, troubleshooting and training through Safer Futures partners



Partnerships in action

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“[Our] clinics are establishing productive and authentic partnerships with domestic violence centers. At last, we are getting the training and tools we need to address a fairly common but serious problem that has always been with us but has seldom received the attention it deserves.”

*Joe Fay, Statewide Coordinator
Alliance of Pennsylvania Councils*



What can your Safer Futures partner provide?

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- Crisis response
- Ongoing onsite services
- Referrals
- Technical assistance: staff training and “curbside consults”
- Community education and outreach



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

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



Advocates are an important complement to behavioral health services



Resources available through your Safer Futures partners

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- Technical assistance
- Clinical Guidelines
- Safety cards
- Posters
- Other tools: pregnancy wheels, buttons, provider reference cards, etc.
- Online toolkit:
healthcareaboutipv.org



Safer Futures contacts:

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- HAVEN – Courtney Gallant, (541) 296-1662, courtney@haventhedalles.org
- Battered Persons' Advocacy – Myste French, (541) 957-0288, myste@peaceathome.com
- Volunteers of America, Home Free – Samantha Naliboff, (503) 802-0501, snaliboff@voaor.org
- Tillamook County Women's Resource Center – Heather Brown, (503) 842-9486, heather@tcwrc.net

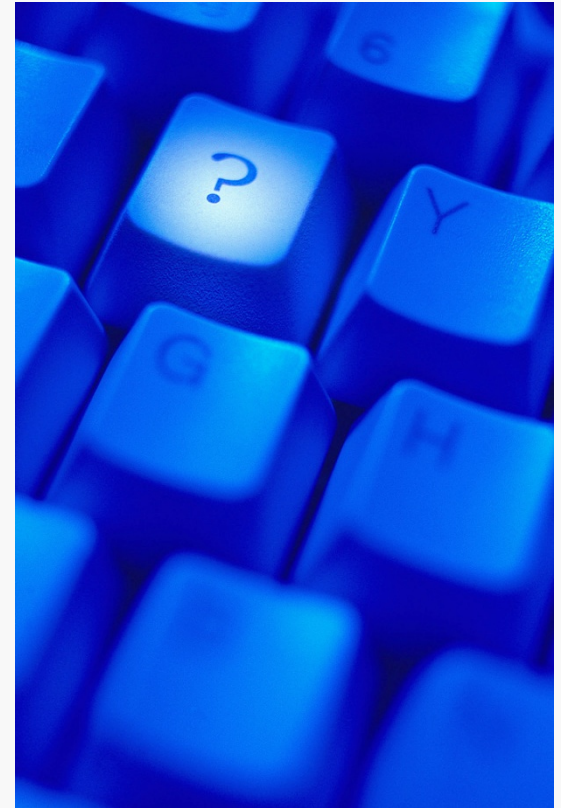


Participant Poll

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Share in the chat box:

What other resources do you need in order to feel more confident implementing DV assessment and working with your Safer Futures partners?



Your work changes lives

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“ So there'll be times where I'll just read the card and remind myself not to go back. I'll use it so I don't step back. I'll pick up on subtle stuff, cause they'll trigger me. I remember what it was like. I remember feeling like this, I remember going through this. I'm not going to do it again. For me, it just helped me stay away from what I got out of. I carry it with me actually, I carry it in my wallet. It's with me every day.

”

Thank you!

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