Tillamook County Women's Resource Center

Safer Futures Project Evaluation

Prepared in partnership with the Regional Research Institute
Portland State University
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Introduction

This report summarizes the evaluation of the Safer Futures project as implemented in Tillamook County. The evaluation included four components: the Patient Feedback Survey; Interviews with Survivors; Interviews and Focus Groups with Partner Health Care Providers; and the Advocate Tracking Tool.

Acknowledgements

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Executive Summary

Healthcare settings provide an opportunity for survivors of Intimate Partner Violence (IPV) to access services and support from IPV advocates. On-site advocacy interventions have positive implications for reducing violence and improving a survivor's well-being over time[1]. Additionally, there are few documented interventions that have been shown to improve the health and well-being of survivors of IPV in the health care setting[2]. While screening for IPV in health care settings is recommended, rates of screening remain low, and screening by itself does not improve health outcomes for survivors of IPV[3].

The Safer Futures Service Model places community-based IPV advocates in health care settings to provide services to survivors of IPV that are referred by health care providers who are implementing the Futures Without Violence universal education and IPV screening tool.

"Community-based [IPV] advocates use an empowerment approach to serve survivors of IPV, domestic violence, sexual assault and stalking. This work is survivor-centered, trauma-informed, and anti-oppressive, and promotes survivor choice, self-determination and safety. [IPV] advocacy is informed by an understanding of structural oppression and cultures of violence. According to researcher Cris Sullivan, '…the advocacy intervention is holistic, client-driven (vs. funding or diagnosis-driven), and strengths-based. Advocates partner with women who have experienced IPV and work with them to define what their needs are, seek help from multiple service providers, and obtain effective help that meets their self-defined needs."[4]

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[1] Coker, A., Davis, K., Arias, H., et al. (2002). Physical and mental health effects of intimate partner violence for men and women. American Journal of Preventive Medicine, 23, 260-268.

[2] De Boinville, M. 2013. APSE Policy Brief: Screenings for Domestic Violence in Health Care Settings. Retrieved from http://aspe.hhs.gov/hsp/13/dv/pb_screeningdomestic.cfm

[3] O'Doherty Lorna J, Taft Angela, Hegarty Kelsey, Ramsay Jean, Davidson Leslie L, Feder Gene et al. "Screening women for intimate partner violence in health care settings: abridged Cochrane systematic review and meta-analysis." BMJ 2014; 348:g2913

[4] Keefe S, Heyen C, Rockhill A, Kimball E (2017). Oregon Guide to Health Care Partnerships: For community-based organizations and advocates supporting survivors of domestic violence in health care settings. Report prepared for Oregon Department of Justice, Salem, OR. Available at https://www.doj.state.or.us/crime-victims/grant-funds-programs/safer-futures/ and http://www.ocadsv.org

The following infographic illustrates the project findings. The Safer Futures Project evaluation asked four questions:

- How prevalent is experience with IPV in the local clinic patient population?
- How does working with an advocate impact survivors of IPV?
- How does the community-based advocate partnership impact providers' practice?
- Finally, how does the advocate spend their time with the patient once they're referred?

Four distinct data collection methods were used:

1) A patient feedback survey was distributed to patients at the Tillamook County Community Health Centers in February 2017;
2) Interviews with nine (9) survivors were conducted in February 2017;
3) Health care providers participated in six interviews and two Focus Groups (n=12) in March 2017; and
4) The Advocate Tracking Tool, designed by Dr. Kimball of Portland State University, was used by one advocate over a six month period to gather data on sixty-four (64) unique survivors who engaged in advocacy services.

Safer Futures Evaluation

Model: Health care providers who are implementing a universal education based Intimate Partner Violence screening tool refer women experiencing IPV to a community-based IPV advocate.

Theory of Change

- Patient Centered, Trauma Informed Care
- Safety Assessment & Planning
- Education and Support

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- Increased Safety
- Increased Self-Efficacy
- Reduced Chronic, Toxic Stress

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- Improved Health Outcomes
- Reduced Health Cost
- Greater Well-being

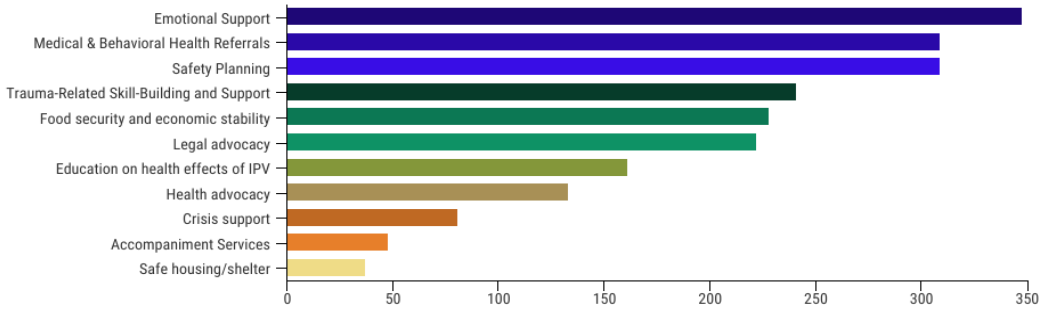
39% of patients reported that they told their health care provider today about experiencing an unhealthy relationship.

55% of patients reported they had experienced an unhealthy relationship or been harmed by a sexual partner.

68% reported that they were likely or very likely to share the information they received with someone they know.

69% of patients reported that it was helpful or very helpful to receive information about healthy and unhealthy relationships and their impact on their health.

Advocacy Services Provided to Survivors Over 6 Months



"This has been a real game changer.... (it is) not just another screening. (Safer Futures) has helped me see how IPV is significant... Visits aren't longer. We figured out how to do it in a rural federally qualified health center with pretty high risk patients." --Provider

Impact on Survivors

Survivors described many ways in which advocate services benefited their health and increased access to vital health-related services.

After the abuser was arrested, a survivor was traumatized and her **"brain wasn't working."** It would have been very difficult for her to remember all the things she had to do to qualify for assistance.

Another survivor said that because of the advocate **"my baby didn't die."** The advocate supported the survivor in reducing stress in order to gain weight during her pregnancy.

Advocates encourage women to advocate for themselves. A survivor credited the advocate with helping her **"to be able to do it myself"**

Impact on Providers

As a result of Safer Futures

- Discussing IPV is now part of visits to the clinics.
- Clinic staff have increased knowledge about how relationships impact health as well as what to do if there is a disclosure of IPV.
- Screening happens which facilitates improved understanding of the patient, trauma, and chronic health conditions.
- Conversations about IPV are normalized and this reinforces the idea that all staff care about IPV and the patient.
- Clinicians and patients have an additional resource for support as well as connections to community resources.

Safer Futures

Evaluation Method: Patient Feedback Survey (survey of patients at Tillamook Co. Community Health Centers, February, 2017, n=62); Interviews with Survivors (individual interviews, February, 2017, n=9); Interviews and Focus Groups (2) with Partner Health Care Providers (March, 2017, n=18 providers in total); Advocate Tracking Tool (n=373 encounters, n=64 unique clients). Full evaluation can be found at https://www.doj.state.or.us/crime-victims/grant-funds-programs/safer-futures/

Patient Feedback Survey

Description

The Patient Feedback Survey was the primary evaluation tool for measuring the impact of the Futures Without Violence universal education and IPV screening tool promoted by the Safer Futures Project in Tillamoo. Dr. Elizabeth Miller from the University of Pittsburgh Medical Center designed the patient feedback survey and collected the data reported by patients who took the survey. Survey results helped Tillamook County Women's Resource Center and its partners to understand the impact of the intervention on IPV survivors encountered in a health care setting.

The Patient Feedback Survey was distributed to patients at the Tillamook County Community Health Centers over a two week period. The survey was given to each patient who received a Futures Without Violence universal education and IPV screening tool. Patient information was kept anonymous. A total of sixty-two (62) Patient Feedback Surveys were completed. Of those, fifty-four (54) were completed in English and eight (8) were completed in Spanish. A majority of the respondents were 25 years old or older (n = 51, 82%). Patients between the ages of 10 and 24 years old comprised 18% (n=11) of the total survey respondents.

Results

Slightly over half (55%, n = 33) of the survey respondents indicated that they had experienced an unhealthy relationship, while 45% (n=27) denied experiencing an unhealthy relationship. When asked if they reported the unhealthy relationship to their healthcare provider, 31% (n=19) reported yes, 35% (n=22) reported no, 2% (n=1) didn't know, 21% (n=13) responded 'not applicable', and 11% (n=7) did not answer the question. Reasons for why respondents did not tell their healthcare provider about an unhealthy relationship were because 1) it was not a current relationship, or 2) the relationship was in the distant past.

Most respondents reported that their health care provider talked to them about healthy and unhealthy relationships (90%, n = 56). Three (5%) reported that their health care provider did not, two (2.5%) didn't know, and two (2.5%) did not answer. Forty-two (68%) reported that their healthcare provider discussed confidentiality, including those circumstances where confidentiality would not apply. Fifteen (24%) reported that no discussion about confidentiality occurred. Five (8%) said that they could not remember one. Fifty-seven (92%) respondents reported receiving the Futures Without Violence universal education card that talks about healthy relationship. Two (3%) did not receive a card, and 3 (5%) did not answer.

Respondents were asked if receiving the card or other information increased their understanding about how to help someone being hurt by a sexual partner. Of the responses, 81% (n = 50) reported positively, 10% (n=6) reported negatively, 5% (n=3) didn't know, 3% (n=2) indicated it was not applicable, and 2% (n=1) did not answer.

Survey respondents were asked to rate on a scale of zero to four (zero meaning not helpful and four meaning very helpful) the helpfulness of being asked about their relationships. Twenty-nine percent (n=18) reported that being asked was very helpful. Using the same scale, 40% (n=25) reported that receiving information about relationships and their impact on health was very helpful. Finally, 42% (n=26) reported that they were very likely to share the information they received with someone they know.

Patient Feedback Survey Data

Today, did your healthcare provider talk to you about healthy and unhealthy relationships?

	Frequency	**Percentage**
Yes	56	90%
No	3	5%
Don't Know	2	2.5%
Not Answered	1	2.5%
Total	62	100%

Today, did your healthcare provider review what they mean by the term "confidential" and the reasons they may have to break your confidentiality?

	Frequency	**Percentage**
Yes	42	68%
No	15	24%
Don't Know	5	8%
Total	62	100%

Today, did you healthcare provider give you either one of these palm-sized cards?

	Frequency	**Percentage**
Yes	57	92%
No	2	3%
Not Answered	3	5%
Total	62	100%

Did receiving this card or other information from your healthcare provider increase your understanding about how to help someone being hurt by a sexual partner?

	Frequency	**Percentage**
Yes	50	81%
No	6	10%
Don't Know	3	5%
Not Applicable	2	3%
Not Answered	1	2%
Total	62	100%

Have you ever experienced an unhealthy relationship or been hurt by a sexual partner?

	Frequency	**Percentage**
Yes	33	55%
No	27	45%
Unclear	1	
Total	62	100%

Today, did you tell your healthcare provider this?

	Frequency	**Percentage**
Yes	19	31%
No	22	36%
Don't Know	1	1%
Not Applicable	13	21%
Not Answered	7	11%
Total	62	100%

How helpful or unhelpful was it to be asked about your relationships?

Average: 2.8
Median: 3

4 (7%)	3 (5%)	9 (15%)	8 (13%)	18 (29%)	20 (31%)
0 (Not Helpful)	1	2	3	4 (Very Helpful)	N/A or Not Answered

How helpful or unhelpful was it to receive information about healthy and unhealthy relationships and their impact on your health?

Average: 3
Median: 4

1 (1%)	4 (7%)	10 (16%)	9 (15%)	25 (40%)	13 (21%)
0 (Not Helpful)	1	2	3	4 (Very Helpful)	N/A or Not Answered

How likely are you to share information you received today on health and unhealthy relationships with someone you know?

Average: 3
Median: 3

3 (5%)	2 (3%)	12 (19%)	10 (16%)	26 (42%)	9 (15%)
0 (Not Likely)	1	2	3	4 (Very Likely)	N/A or Not Answered

Interviews with Survivors

Description

Nine women who were served by the Safer Futures advocate in Tillamook County, OR were interviewed by Portland State University evaluation staff. Participating survivors (N=9) were recruited by the Tillamook County Women's Resource Center. Participation was voluntary and survivors received a $30 gift card for their time. Participants were asked how they were impacted by the work of the advocate, and what changed because the advocate was in their lives.

Results

Advocates offer patient-centered, trauma informed care**.** Advocates do this while offering a multitude of services; they

- Follow up with women about health concerns and medical appointments, and help survivors process information they receive from health care practitioners.
- Share tips and resources on how to deal with stress and to improve their health and the health of their children.
- Promote survivors' self-care for reducing stress and promoting well-being.
- Support survivors and their children to connect with mental health services by identifying potential providers and providing information and assistance related to accessing these services.

Stories from survivors tell a compelling story about the value of the advocate's services.

- *One of the survivors described having significant social anxiety; because it was hard for her to leave her house, the advocate traveled to her and met with her there.*
- *A survivor said she was made to feel like it was ok to come back to TCWRC for more assistance and was reassured they would be there if she needed them. Others appreciated being able to work with the same advocate over time.*

- *A survivor appreciated that the advocate didn't make her feel bad about "having issues". Advocates provide services in a way that accommodates the struggle that some survivors have with mental health issues.*

Advocates help reduce trauma that survivors sometimes experience working with other systems; systems that are often not trauma-informed.

- *One survivor described some of the challenges related to changing mental health counselors and having to keep repeating her story, and she was grateful that she did not have to do that at TCWRC.*
- *The advocate provided emotional support to a survivor trying to access victims' services- she was embarrassed, which made it difficult to tell her story (again and again) which she had to do to qualify.*

Advocates provide emotional support to survivors during stressful, potentially traumatizing events such as court hearings where abusers are often sitting only a few feet away. Advocates provide much needed support and coaching regarding emotional regulation/how to stay calm and practice self-care. Some survivors don't have anyone else who can provide them that sort of support.

- *A survivor was having to go to court for the first time and found it very helpful when the advocate explained what would happen in court, what the judge would say, what law enforcement would say, where the room was, how many people would be there, what she would be asked.*

Support from advocates can decrease the likelihood children are removed by child welfare an event that is a source of significant trauma for both children and their protective parent.

- *A survivor shared that she was panicky and afraid of breaking her baby. The advocate gave her parenting information and helped her become more calm.*
- *When asked "What is different because you worked with the advocate?" a survivor responded, "My baby didn't die." The advocate provided comprehensive safety planning with multiple systems to address the stalking behaviors and threats to the expectant mother's physical safety by her partner. After addressing the immediate stress of physical safety the advocate helped her in managing her stress in order to eat and gain weight which had a significant impact on her (maternal) health.*

Advocates' services promote safety for survivors and their children in a variety of ways. Advocates routinely do safety planning and work on other safety-related strategies with survivors. Survivors receive information and other assistance related to contested/violated restraining orders, immediate danger orders, contempt of court and other legal issues that is crucial to their ability to keep themselves and their children safe. Advocates help survivors to be able to identify and understand sexual assault and other forms of abuse,

which increases survivors' ability to protect themselves and their children from further violence.

- *The abuser "made up a different world" that made it difficult to for the survivor to see his behavior as abuse. The advocate defined tactics of abuse and supported the survivor through her interactions with law enforcement.*

Advocates offer education, support and resources. Advocates explain how abuse, and dealing with courts, law enforcement and other systems can affect women and children's emotional and physical health. Advocates provide survivors with a menu of resource options, both verbally and in writing. Advocates connect survivors to support groups and other community-based resources. Advocates (directly and indirectly) help strengthen survivors' ties with supportive friends and family.

Advocates help survivors connect with a host of important resources including:

- Food pantries
- TANF
- WIC
- OHP/Health care
- Shelter/Housing

Advocates accompany survivors to appointments and help with applications and paperwork, and can talk to providers when survivors are unable to do it for themselves.

- *After the abuser was arrested, a survivor was traumatized and her "brain wasn't working." It would have been very difficult for her to remember all the things she had to do to qualify for assistance.*
- *A survivor said she "would not have gotten TANF without the advocate." The advocate "helped me keep doing things I needed to do."*

Advocates help increase the safety of survivors. Advocates provide information to survivors so they can make informed decisions regarding their safety.

- *The advocate helped a survivor to understand the difference between a no contact order and a restraining order so she could choose what was most helpful based on what she knew about her abuser.*

Advocates help increase survivors' self-efficacy**.** Advocates encourage women to advocate for themselves. Advocates help survivors develop confidence and a stronger sense of self.

- *A survivor credited the advocate with helping her "to be able to do it myself".*
- *A survivor described how the advocate helped her trust her ideas and feelings against what her ex-husband was telling her to do.*
- *Another survivor said she felt "way smarter" after working with the advocate.*

Advocates can help reduce chronic stress and its effects. Advocates provide information and support related to stress-reduction and self-care.

- *When the survivor was stressed, she wouldn't eat. Because of the advocate she is better able to handle stress without skipping meals and she's healthier.*

Interviews and Focus Groups with Health Care Providers

Description

Portland State University conducted interviews and focus groups with providers from two clinics participating in the Tillamook County Women's Resource Center's Safer Futures project. Participants were asked about the referral process, successes and challenges related to implementation, and their opinion regarding the impact of the project. Providers were also asked for suggestions on how to improve the program.

Six health care providers participated in phone interviews and two focus groups were conducted that included a total of twelve (12) providers. Participants were recruited by members of the Safer Futures Leadership Team and participation was voluntary.

Results

Interviews and focus groups with health care providers gave Tillamook County Women's Resource Center and its partners insight into the successes and challenges of the Futures Without Violence universal education and IPV screening tool implementation. IPV questions are now part of the Tillamook County Community Health Centers' annual and new patient screening (i.e. the Health & Wellness Survey). Any positive disclosures of IPV get an immediate referral to advocate (sometimes before the primary care physician sees the patient, but definitely before patient leaves clinic). If the advocate is not present in the clinic, the survivor will receive a referral from the provider. If the situation is urgent the clinic will contact Tillamook County Women's Resource Center directly.

"This has been a real game changer for me... Not just another screening...
This project has helped me see how (IPV) is significant and problem solve to make it happen."

"I have stepped out of my comfort zone (but) I still have a long way to go."

Successes and Lessons Learned

- The advocate is viewed as "one of us." The advocate provides feedback and is socially engaged.
- Advocates allow patient to be heard—they have more time than medical providers. Consequently, "patients think and know (this clinic) really cares about me."
- While the social worker or RN can validate patients and respond to disclosures, advocates have more time available for working with survivors which helps the care

team manage time and scheduling more efficiently, while still addressing complex patient needs.

- PCP and RNs note being more and more comfortable with concerns and complications of IPV, and having an IPV advocate present reminds them to screen.
- There is increased awareness and confidence in the clinic around IPV issues and trauma-informed care.
- The partnership means we are connecting more patients to services, clinicians feel like the project is "giving me tools".
- A warm hand-off to an actual person is more successful than referrals and waiting.
- Role plays and learning to normalize the conversation were helpful parts of the training.
- Team room helps with coordination of care (RN, SW, DV Advocate, PCP, BHC, Pharm. all in the same office space).

Challenges

- Continued provider discomfort with asking the questions about or discussing IPV.
- Need more trainings, especially for new staff and given the amount of staff turnover.
- Lack of prior experience and training on IPV in previous work environments or educational background.
- Confidentiality & mandatory reporting concerns for survivors as well as for different kinds of providers.
- IPV screening health maintenance flag needed in the Electronic Health Record to indicate RN to screen.
- Limitations to sharing information because of confidentiality.
- It is helpful when the advocate is in the clinic and available to providers and patients, but advocacy entails being in the community a significant portion of the time and therefore not immediately available in clinic. Consistency of advocate in the clinic is a challenge.

Summary

Health care providers reported appreciation for the Safer Futures advocate and found the Safer Futures intervention to be helpful for their practice and for patients. Providers shared that they found integration of the advocate into clinic practice was key to the intervention being successful. Integrating conversations on how relationships affect health into the patient visit requires further effort. Providers cite the importance of ongoing consultation and training to support this ongoing learning.

"Having someone available who has significant experience working with families has been a gift to us."

Advocate Tracking Tool

Description

The Advocate Tracking Tool (ATT) was developed in partnership with Portland State University and the Tillamook County Women's Resource Center to gain a better understanding of the scope of work done by the co-located IPV advocate. An ATT form was completed for each client interaction. Upon the first contact, the IPV advocate completed a full form that included referral reason, referral source, demographic data, domestic violence service history, and services and referrals provided during the visit. A shortened form that focused on services and referrals was completed upon subsequent visits.

Data were collected from October 2016 through March 2017. The participating advocate completed a total of 373 forms with 64 unique patients referred from the clinics over a six-month period. Of the 64 initial contacts, 34 were Safer Futures that focused specifically on providing services to pregnant and newly parenting women.

Results

There were two general types of referrals. A disclosure based referral where the client discloses concerns about domestic violence to the provider (n= 29). The other referral type is provider initiated where the medical provider has concerns and refers the client to the co-located advocate (n= 12). In addition to the types of referrals, the sources of referrals were tracked with 60% of referrals from medical providers and 40% from non-medical providers.

Demographics

Demographic data was collected on the first forms completed for a client but not on subsequent forms. Of the 64 first forms completed, a majority of the clients were white (n= 51), lived in a rural area (n= 59), and spoke English as their primary language (n= 61). Seven clients were Latina/Hispanic, one was Alaskan Native, and five were unknown. Three clients spoke Spanish as their primary language. One client was identified as being an immigrant/refugee/asylum seeker and three were unknown. Sixteen clients identified as having one or more disabilities including cognitive (n= 5), physical (n= 7), mental health (n= 7), and substance use (n= 2). Clients ranged in age from under 18 to over 64 years in age with the majority ranging from 18-44. Twenty clients were 25-34 years old, 14 were 18-24, and 14 were 35-44 years old. In terms of relationship status, 23 were currently in dating relationships, 18 single, 12 married, 7 separated, and 5 divorced. Thirty-three clients of the 64 unique clients had received IPV services in the past.

Advocate Services and Referrals

The advocate provided services in multiple locations to meet client needs. Most of the meetings took place over-the-phone (n= 214), though a sizeable number took place at the agency (n= 61), or in the medical clinic (n= 48). The length of time the advocate spent

meeting with a client ranged from under 30 minutes (n= 124) to more than 2 hours (n= 5) with 156 of the meetings lasting 30-60 minutes.

The advocate provided an extensive array of services and referrals for clients and often provided multiple services during single visits. Emotional support (n= 348) and safety planning (n= 309) were provided at nearly every visit. Emotional support includes empathy, validation, and normalization of feelings and experiences related to domestic violence in a trauma-informed approach. Beyond emotional support, the advocate provided specific assistance related to the management and reduction of depression and/or anxiety symptoms related to IPV (n =54).

Safer Futures focused services on supporting pregnant and newly parenting women. As part of this work, the advocate provided education and support on reproductive health (n= 16) including access and use of birth control, education on sexually transmitted illnesses, birth planning, and options counseling. Parenting support services (n = 172) included education on trauma informed parenting, other parenting information, child care, and help addressing children's needs. Additionally, the advocate provided specific support in working with DHS-Child Welfare (n= 25). Postpartum supports (n= 15) included education on depression and breastfeeding.

A specific goal of the co-located advocate model is to promote health and wellness and address social determinants of health. In response, the advocate made 171 medical/health referrals that included Healthy Families, OHP and maternity case management, 138 referrals to individual counseling, 63 to support groups, and 18 for sobriety support. The advocate provided direct services related to trauma skill-building and support (n= 187), Adverse Childhood Experience (ACE) trauma support, and education on the health effects of domestic violence (n= 161), and health advocacy (n= 133). In addition, a variety of services and referrals to promote food security and economic stability (n = 228) were provided which included connections with WIC, DHS-Self-Sufficiency, transportation, education, and employment.

Systems level advocacy and navigation (n= 15) and increasing self-efficacy were (n = 46) also important aspects of the advocate's work with clients. The advocate provided assistance and referrals to non-domestic violence related community and social supports (n = 55). The advocate also provided accompaniment services (n= 48) that included being present for court proceedings, medical appointments, or other social service related appointments.

The advocate frequently provided services and referrals specific to domestic violence including TCWRC services (n=42), safe housing/shelter (n=37), victim's assistance programs (n=21), and other domestic violence/sexual assault support programs (n=15). Legal advocacy and support (n= 222) including assistance with temporary restraining orders, documentation and evidence gathering, and preparation for court were also provided. Crisis support was provided often (n=81).

Conclusion

IPV is a common experience for the patient population. The evaluation results reinforce Coker's findings that on-site advocacy interventions have positive implications for reducing violence and improving a survivor's well-being over time[5]. Additionally the results suggest that, in spite of challenges in the partnership, on-site advocacy has positive implications for providers and clinics as well. Advocates spend their time with survivors addressing a complex array of physical health and safety needs as well as addressing broader social determinants of health

[5] Coker, A., Davis, K., Arias, H., et al. (2002). Physical and mental health effects of intimate partner violence for men and women. American Journal of Preventive Medicine, 23, 260-268.