Catholic Health Initiatives

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What To Do When She Says "Yes"

Effective Screening for Domestic Violence and CHI's Violence Prevention Initiative

Presented By:
Veronica Zietz

About CHI's ND Violence Prevention Program

Our goal is to achieve a measurable reduction in domestic violence related incidents in communities served by 2018.

The ND Violence Prevention Program will achieve these goals by:

1. Educating Individuals
a) Promoting healthy relationships through Within My Reach curricula

2. Building Community and Organizational Capacity
a) Enhancing referral networks & increasing awareness of intimate partner violence
b) Training professionals to incorporate prevention efforts & universal education into their existing work

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More On Promoting Healthy Relationships

Within My Reach

- Evidence-based
- Participant Driven
- Flexible Format
- Interactive
- Units Topics:

1. The State of Relationships Today
2. Healthy Relationships
3. Sliding versus Deciding
4. Smart Love
5. Knowing Yourself First
6. Making Your Own Decisions
7. Dangerous Patterns in Relationships
8. Where Conflict Begins
9. Smart Communication
10. The Speaker Listener Technique
11. Infidelity, Distrust, and Forgiveness
12. Commitment: Why it Matters
13. Stepfamilies & the Significance of Fathers
14. Making the Tough Decisions
15. Reaching Into Your Future

WITHIN My Reach

Developed by

PREP
Successful relationships.
Successful lives.

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Within My Reach

Relationship DUI Video Clip

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More On Capacity Building

Referral Networks, Awareness & Training for Professionals

- Providing **medical professionals** with skills and tools to help make a difficult conversation easier.
- Creating awareness and educating on how to respond to victims within **other professionals** fields.
- Providing advanced trainings for **helping professions** by partnering with CAWS & local agencies.

FUTURES WITHOUT VIOLENCE

caws NORTH DAKOTA

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Addressing Intimate Partner Violence in a Medical Setting

A ND Violence Prevention Program
Community Outreach Workshop

What is Intimate Partner Violence?

- A system of power and control over an intimate partner.
- IPV includes any and all forms of abuse:
  - Physical
  - Sexual
  - Stalking
  - Psychological

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Is Intimate Partner Violence a Problem?

In the United States

- **1 in 4 (25%)** women have experienced severe physical violence by an intimate partner. [1]
- **1 in 5 (20%)** women in the U.S. has been raped at some time in their lives and half of them reported being raped by an intimate partner. [1]
- **Approximately 15.5 million** children live in homes where IPV occurred at least once in the past year. [2]

[1] Black et al. ,2011
[2] McDonald et al., 2006

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Domestic Violence in Our Communities

Bismarck – **1,325** calls for service for domestics in 2014 [1]

Carrington – **42** domestic dispute incidents in 2014 [2]

Devils Lake – **89** new victims served by DV program in 2014 [3]

Dickinson – **388** calls for service for domestics in 2014 [4]

Lisbon – **25** calls for service for domestics in 2014 [5]

Oakes – **16** domestic dispute incidents in 2015 [6]

Valley City – **47** domestic disputes incidents 2014 [7]

Williston – **1,123** domestic violence incidents 2014 [8]

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Barriers to Leaving

Barriers

- Denial
- Love
- Lack of options
- Isolation
- Fear of losing children
- Lowered self-esteem
- Helplessness
- Financial dependence
- Embarrassment
- Religious beliefs
- Pressure from family/society
- Belief that children need both parents
- **SAFETY**

Rural Barriers

- No transportation
- Nowhere to go in short-term
- No permanent or transitional housing
- Security
- Livelihood/Lifestyle
- No childcare
- Small town culture
- Geographic Isolation
- Weather
- Prevalence of weapons
- Economy

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Why is it important for medical professionals to know about intimate partner violence?

Because it negatively impacts health outcomes

Co-morbid Health Conditions [1]

- Arthritis
- Asthma
- Headaches and migraines
- Back pain
- Chronic pain syndromes
- Genitourinary problems
- High cholesterol
- Heart disease
- Overweight/Obese
- Stroke
- Depressed immune function
- Irritable bowel syndrome
- Poor perinatal health

Behavioral Health Co-morbidities [2]

- Anxiety/Panic attacks
- Sleep problems
- Memory loss
- Post-traumatic stress disorder (PTSD)
- Depression, poor self-esteem
- Insomnia
- Suicide ideation/actions
- Alcohol, drug and tobacco use

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Why is it important for medical professionals to know about intimate partner violence?

Because it negatively impacts the children witnessing IPV

Increased risk for:

- Bullying
- Dating violence
- Early age at first intercourse
- Early initiation of alcohol, drug and tobacco use
- Fighting and carrying weapon to school
- Self-mutilation and suicide
- Teen pregnancy

(Miller et al, 2011; Boynton-Jarrett et al, 2010; Duke et al, 2010; Dube et al, 2006 & 2003; Anda et al, 2002 & 1999; Hillis et al, 2001)

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True or False?

- Starting and ending conversations about difficult or stigmatizing issues like domestic violence can be challenging.
- We take care of ourselves by presenting questions and educational messages in a way that feels most comfortable to us.

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True Domestic Violence Screening Stories

- **"No one is hurting you at home, right?"** (Partner seated next to client as this is asked)—How do you think that felt to the patient?
- **"Within the last year has he ever hurt you or hit you?"** (Nurse with back to you at her computer screen)—What does this body language communicate to the patient?
- **"I'm really sorry I have to ask you these questions, it's a requirement of our clinic."** (Screening tool in hand)—What was the staff communicating to the patient?

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Lessons Learned

- Does it matter how DV screening tools are introduced?
- Does your body language and/or the way you frame questions affect the outcomes of an interaction?
- Does the kind of supervision/support you receive affect your ability to do this work?

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Stop and Consider…

Many healthcare professionals can think of a time when a patient was presenting health symptoms that made them suspect there was a problem at home, but neither they nor the patient said anything

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Did You Know…

Many providers miss the underlying problem when they don't consider IPV.

- **Patients do not receive the care they need for the problem they have**
- **Treatment is often ineffective and the patient's health is further compromised due to a partial diagnosis**

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Women who talked to their healthcare provider about abuse were:

- 4 times more likely to use an intervention
- 2.6 times more likely to exit the abusive relationship

McCloskey et al, 2006 18

What We've Learned from Research

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

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Approaches to IPV Assessment

- Assessment Tools
- Admission Forms
- Universal Education

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Universal Education & Simplified Screening

- Connect DV to self, health and parenting
- Safety card assessment
- Strategies for warm referral & support

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The 4 C's of Universal Education

1. **Confidentiality –** Always review the limits of confidentiality with patients *prior* to doing any assessment
2. **Conversation –** Normalize the activity
3. **Card –** Provide, open and review safety card with all patients
4. **Connect –** Make a warm referral to existing support services for DV/SV in the community

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Confidentiality:
Do No Harm

- **Always screen patients alone and not within earshot of a partner or family member**
- **Never use a family member or friend as an interpreter, use medically trained interpreters only**

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Confidentiality:
Safety & Mandatory Reporting

- **Always review the limits of confidentiality** even if you are not asking **DIRECT** questions about abuse
  - Forms should indicate that there are patient conditions that may have to be reported to health or law enforcement authorities
  - Consent forms should indicate the limits of confidentiality
- **Learn your local IPV reporting laws**

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Script: Disclosing Limits of Confidentiality

"Before I get started, I want you to know that everything here is confidential, meaning I won't talk to anyone else about what is happening unless you tell me that you are being hurt physically or sexually by someone or planning to hurt yourself."

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The Safety Card

A simple intervention tool and conversation starter

"We have started giving two cards to all our clients for two reasons—in case it might ever be useful for you and so you know how to help a friend or family member if it is an issue for them."

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Sample Script

Safety Card Segue into Screening Tool

Open up the card and do a general overview…

"It's kind of like a magazine or BuzzFeed quiz—it talks about safe and healthy relationships and what to do for ones that aren't and how these can affect your health. It has hotlines on the back and gives simple steps to take to be safer."

Remember…

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Responding to Disclosures of IPV

I'm so sorry this is happening to you.

I'm glad you told me about this.

I'm concerned for your safety.

1. Validate her experience
2. Thank her for sharing
3. Convey empathy
4. Let her know you support her and help is available

Help is available.

You're not alone.

No one deserves this.

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Supporting Survivors: What NOT to Say

- "You should call the police and make a report"
- "You are definitely in an abusive relationship"
- "That does not sound like rape to me"
- "Your partner is crazy, you need to break up with them"
- "So what happened after that, and what happened after that?"

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Providing a "Warm" Referral

Review the Safety Card's Resources Panel

"On the back of the card are some phone numbers and websites, in case you or a friend ever needs information or support."

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FUTURES WITHOUT VIOLENCE
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

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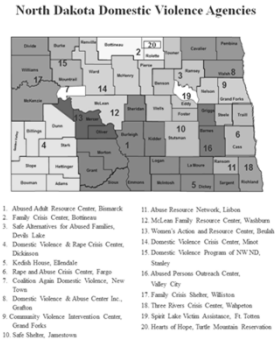
Providing a "Warm" Referral

Connecting to a local program makes all the difference.

"If you would like, I can put you on the phone right now with [name of local advocate], and we can come up with a plan for you to protect your safety."



Graphic Courtesy of CAWS ND

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Universal Education

The Safety Card Intervention

The following video clip demonstrates the importance of including the safety card and universal education in professional settings.

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Universal Education

Safety Card Practice Exercise

- Pair off. One person is the healthcare professional and one person is the client.
- Practice introducing the card.
- Your goal is to introduce the card and make the connection between relationships, health and safety.

Remember the 4 C's:

1. **C**onfidentiality
2. **C**onversation
3. **C**ard
4. **C**onnect

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Universal Education

Safety Card Review and Debrief

- What did you notice about the first panel of the card?
- And the second panel?
- What about the size of the card?
- Do you think it matters that it unfolds?
- Why might this card be useful to a survivor of DV?

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The Safety Card

www.futureswithoutviolence.org > Resources > Safety Cards

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Understanding Fear and Reluctance to Disclose

1. **What other things are patients worried about, why else might they not want to share information with medical professionals?**
2. **How can professionals make it more comfortable for them?**
3. **What other issues or concerns specific to your population might be important to address that are not reviewed in the slides?**

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Universal Education

Provides an opportunity for patients to make the connection between violence, health problems and risk behaviors

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Using the Safety Card in Practice

Empowering Providers

The following video clip demonstrates the importance of including universal education as part of IPV screening practices.

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Provider Interview

"(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 talking about it."

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Client Interviews

- **"[Getting the card] makes me actually feel like I have a lot of power to help somebody…"**
- **"They would bring out a card, basically walk in with it and she would open it and ask me had I ever seen it before; it was awesome. She would touch on, no matter what the situation you're in, there's some thing or some place that can help you. I don't have to be alone in it. That was really huge for me, because I was alone most of the time, for the worst part."**

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Defining Success

- Safe environment for disclosure
- Supportive messages
- Educate about the health effects of violence
- Offer strategies to promote safety
- Inform about community resources—make warm, supported referrals
- Create a system-wide response

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Client Interview

"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."

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www.st.alexius.org/nd-violence-prevention-program

For More Information & Resources Visit:

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