Domestic Violence, Health Impact and Hospital/Clinic Reform

Medical Providers' Best Practices & GPRA Measures Conference

Sacramento, CA

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Family Violence Prevention Fund

Presentation Outline

- Definition & prevalence of domestic violence (DV)
- Health impact of domestic violence
- How to improve your clinical DV response based on a nat'l project
- Case Studies and examples from the field

Domestic Violence

- Defined as:
  - A pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks as well as economic coercion, that adults or adolescents use against their intimate partners.

IPV Prevalence

- In the largest-ever survey of its kind, the 2008 CDC report on health and violence found 39% of Native women surveyed identified as victims of intimate partner violence (IPV) over their lifetime.

Fatality

- The U.S. Department of Justice Bureau of Justice Statistics report found that American Indian/Alaska Native women are more than five times more likely to be a domestic violence homicide victim than the rest of the population.

Sexual Assault Prevalence

- Native American and Alaska Native women are more than 2.5 times more likely to be raped or sexually assaulted than women in the U.S. in general.

- 34.1 per cent of American Indian and Alaska Native women – or **more than one in three** – will be raped during their lifetime; the comparable figure for the U.S. as a whole is less than one in five.

Effects of Domestic Violence on the Victim

- Medical Concerns
  - Physical injuries
    - Fractures
    - Head injuries
    - Genital trauma
    - Abdominal trauma
    - Lacerations
  - Delay in seeking medical care
    - May exacerbate any injury

Connection to Health…

In addition to the immediate trauma caused by abuse, domestic violence contributes to chronic health problems, including:

- depression
- alcohol and substance abuse
- sexually transmitted infections and HIV/AIDS
- obesity
- tobacco use
- ability of women to manage other chronic illnesses such as diabetes and hypertension.

Reproductive Health Effects

- Reproductive/Sexual Health
  - Increased risk for unintended pregnancy
  - Increased incidence of low birthweight babies, miscarriages
  - Abuse is more common for pregnant women than gestational diabetes or preeclampsia -- conditions for which pregnant women are routinely screened.
- Death
  - Suicide
  - Homicide (choking/strangulation injuries are a red flag for increased risk of homicide)

Maxillofacial Injuries

- Domestic violence victims are more likely to suffer from complicated breaks in the cheekbones, cracks or breaks in bones around the eye, and intracranial (brain) injuries than non abused patients.

Case Study

- A review of the medical charts of 100 female patients between the ages of 15 and 99 at a pacific northwest Indian Health Service clinic over the past 10 years revealed that:
  - 58% (58) had medical documentation of domestic violence at some point in their lives.
  - the incidence of depression, alcohol abuse, drug abuse, chronic pain syndrome, and suicide attempts were higher in women with a history of domestic violence, than those without.

Women with a history of domestic violence are more likely to be diagnosed with:

- Posttraumatic stress disorder

  Coker et al, 2000

- Sleep problems

  Dienemann et al, 2000

- Depression

  Dienemann et al, 2000; Coker, 2002

- Panic attacks, insomnia

  Kernic et al, 2000

- Suicide ideation/actions

  Bergman & Brismar, 1991;
  Coker et al, 2002; Stark & Flitcraft, 1995

Developed by: Linda Chamberlain, Ph.D., MPH

Women who experience abuse around the time of pregnancy are more likely to:

- Drink during pregnancy
- Use drugs
- Experience depression, higher stress, and lower self-esteem
- Attempt suicide
- Receive less emotional support from partners

Amaro, 1990; Berenson et al, 1994; Campbell et al, 1992; Curry, 1998; Martin et al, 1998; McFarlane et al, 1996; Perham-Hester & Gessner, 1997

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Women with a history of domestic violence are disproportionately represented among female patients diagnosed with gastrointestinal problems including:

- Stomach ulcers

  Coker et al, 2000

- Frequent indigestion, diarrhea, or constipation

  Drossman et al, 1995

- Irritable bowel syndrome

  Kernic et al, 2000

- Spastic colon

  Talley et al, 1994

Developed by: Linda Chamberlain, Ph.D., MPH

Compared to women without a history of victimization, women who have been abused are more likely to:

- Use tobacco
  Letourneau et al, 1999
- Not have a mammogram
  Farley et al, 2002
- Have more prescriptions
  Letourneau et al, 1999
- Have more emergency room visits
  Kernic et al, 2000
- Have more physician visits
  Sansone et al, 1997
  Wisner, 1999
  Ulrich et al, 2003

Women who are forced into sex by an intimate partner are more likely to experience:

- Chronic headaches
- Depression
- Pelvic inflammatory disease
- Vaginal and anal tearing
- Bladder infections
- Sexual dysfunction
- Pelvic pain
- Gynecological problems

Bergman & Brismar, 1991; Campbell & Lewandowski, 1997; Campbell & Alford, 1989; Chapman JD, 1989; Dienemann et al, 2000; Domino & Haber, 1987; Plichta, 1996

Developed by: Linda Chamberlain, Ph.D., MPH

Dating Violence and Teen Pregnancy

Adolescent girls who experienced physical or sexual dating violence were 6 times more likely to become pregnant than their nonabused peers

Silverman et al, 2001

Developed by: Linda Chamberlain, Ph.D., MPH

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Overlapping Epidemics: Domestic Violence & HIV

Based on a study of 310 HIV-positive women:

- 68% experienced physical abuse as adults
- 32% experienced sexual abuse as adults
- 45% experienced abuse after being diagnosed with HIV

Gielen et al, 2000

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Collaborative Project

- **Funders:** Indian Health Service, Administration for Children and Families
- **Family Violence Prevention Fund**, National Health Resource Center on Domestic Violence
- **Sacred Circle**, National Resource Center to End Violence Against Native Women
- **Mending the Sacred Hoop Technical Assistance Project**
- **IHS and ACF Faculty**

IHS/ACF DV/SA Project 2002-2009

- Started in 2002 with 9 Indian/Tribal Urban healthcare facilities

- By 2009 involved over 100 I/T/U healthcare facilities and DV/SA community advocacy programs

What did we want to accomplish?

- Reach victims who turn to the health care system : primary care, women's health, ED, behavioral health and dentistry
- Improve the skills and sensitivity of clinic staff --along with improving GPRA scores
- Establish/strengthen collaboration between clinics and DV community advocacy programs
- Promote early intervention and prevention

Our Goal for Providers…

- Screen for domestic violence
- Intervene: provide support and options
- Refer to community service agencies and behavioral health
- Improve health outcomes & safety and patient centered care

Screening and Measuring Success

- Provider can support, educate, and empower—but, not rescue.
- Process of change is most often slow.
- Opportunity to educate about healthy relationships & connection to overall health.
- Success is measured by our efforts to reduce isolation and to improve options for safety.

1. Build a Team

- Create a multi-disciplinary team which may include physician, nurse, soc. worker, BH providers, and local DV advocate
  - 5-10 people with one leader or co-leaders
  - Conduct outreach to different departments
  - Identify current leaders around DV, bring them in
  - Invite key people from the community: tribal police, health board, tribal council…
  - Meet regularly (once a month, etc…)

Partner with your local DV community program

2. Evaluate the Current Response to DV

- Is there a policy & procedure in place?
- Review your last GPRA scores on DV. (RPMS Exam code #34 on DV)

GPRA Goal

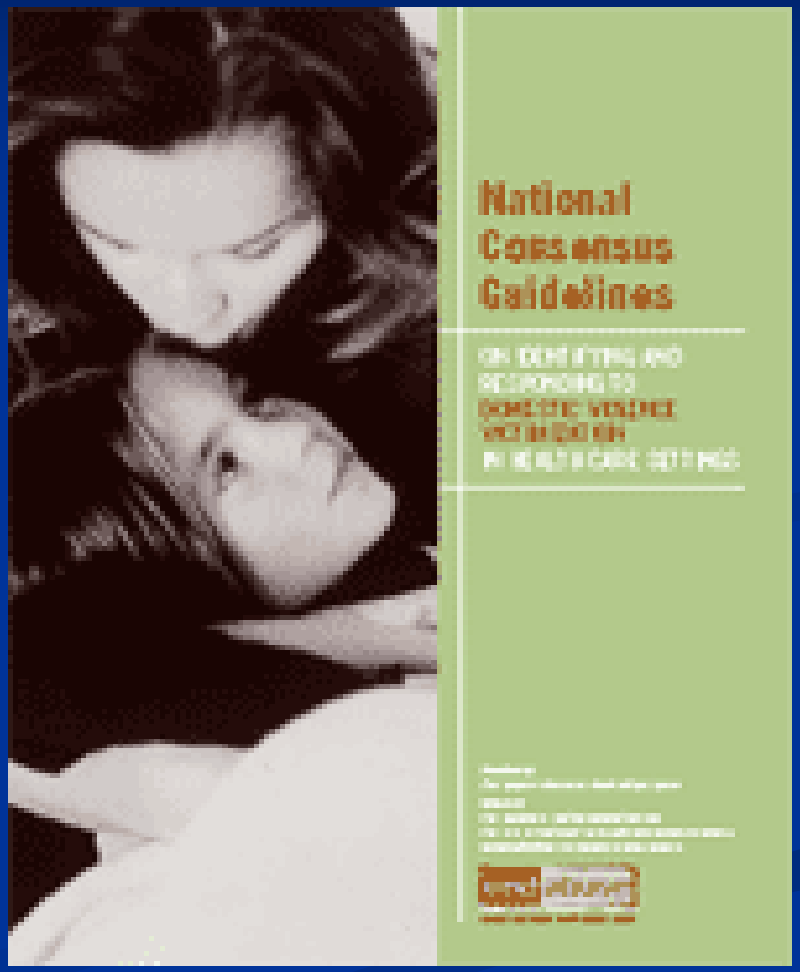
- IHS 2010 goal for DV/IPV Screening 40% for female patients ages 15-40

- Adult females should be screened for domestic violence at a new encounter and at least annually;
- Prenatal patients should be screened once every trimester & post-partum

3. Implement Routine Screening

"Because violence is so common, I've started asking all of my female patients…"

- "Does your partner ever make you feel afraid?"
- "Does you partner hurt, or threaten you, or pressure you to have sex when you don't want to?"



Warm Springs Case Study

- Started in medical clinic, now clinic wide (including: peds, well child, diabetes, dental, public health nursing, radiology & pharmacists, alcohol/SA)
- Physicians screen
- Every six months
- 14 and older
- Prenatal; and once a trimester

Chinle Case Study

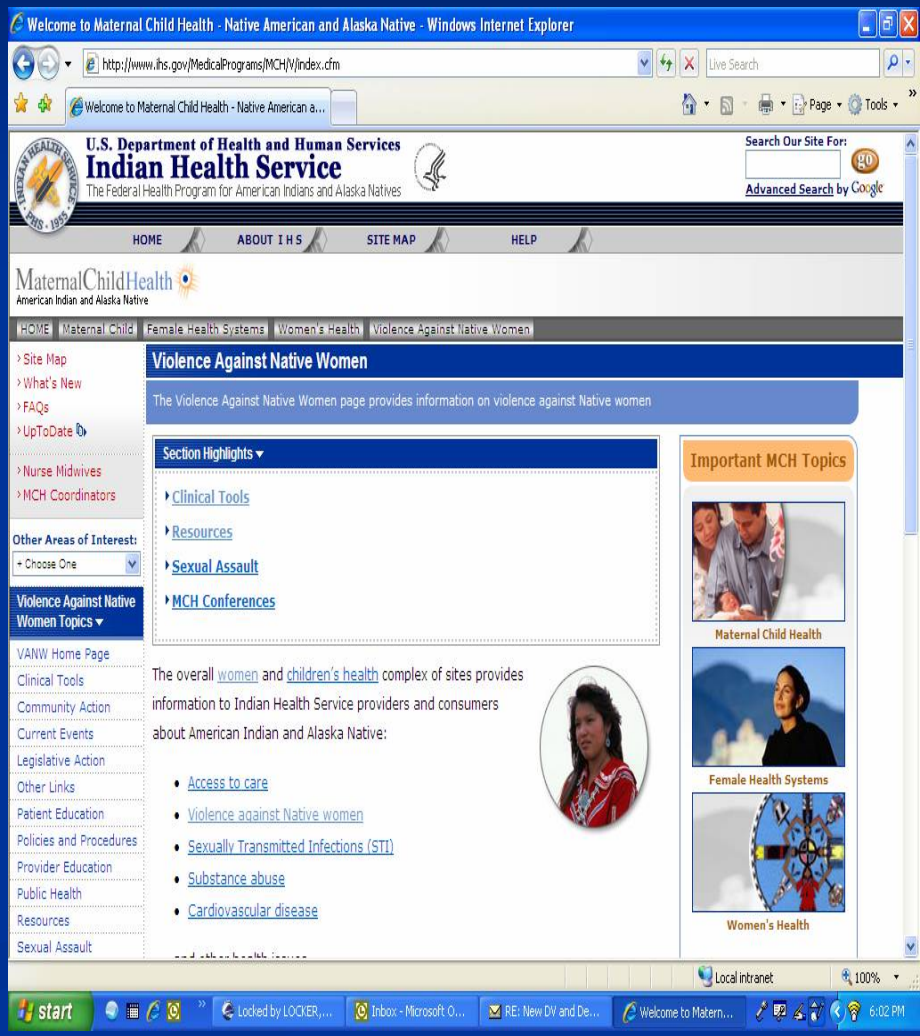
- Started in women's health clinic with midwives, expanded to adult clinic
- Nurses are primary screeners
- Every 6 months
- 14 and older
- Prenatal; and once a trimester
- Referral to ADABI (community DV program) and patient advocate

4. Develop/Revise Policy & Procedure

- Create a policy and procedure, or revise the current one if needed.

Adapt what's already out there:

Visit: http://www.ihs.gov/MedicalPrograms/MCH/V/DV06.cfm



5. Organize Staff Training

- DV 101 and impact on chronic health issues
- Role of advocates, services offered
- DV Assessment/intervention/referral and documentation (health care provider does this)

- Use the Screen to End Abuse Video and other training tools offered at www.endabuse.org/health
- Case Studies: Warm Springs & Chinle

Training Case Studies

Warm Springs

- Part of P&P says "mandatory annual training on DV"
- All staff trained including: reception, security, house keeping…
- In-person trainings with VOCA
- Online DV Course with CME
- Annual community conference on DV
- Information on intranet

Chinle

- Mandatory annually
- Online & in –person
- Training support from ADABI

6. Get the Message Out: Environmental Changes

- Put up posters in waiting areas and patient rooms
- Stock patient safety cards with DV advocacy info. in bathrooms
- Implement a screen savers in exam rooms with positive messages, DV education & referral #s.
- Create banners/murals in hospital with DV/anti-violence/prevention messages
- Pencils, pens, bumper stickers, buttons with DV messages.
- Change display case to include info on DV
- Case Studies: Warm Springs & Chinle

7. Support Employees Who Have Experienced DV

Warm Springs

- Announced what's available to them at start of trainings
- Policy on workplace response *(see IHS web)*
- ID point person on staff for follow-up as well as community advocate

Chinle

- ID available supports
- Held a toiletries drive for ADABI at hospital; staff was very supportive
- Involve staff in community work: walks, vigils, tree planting

8. Conduct Quality Assurance

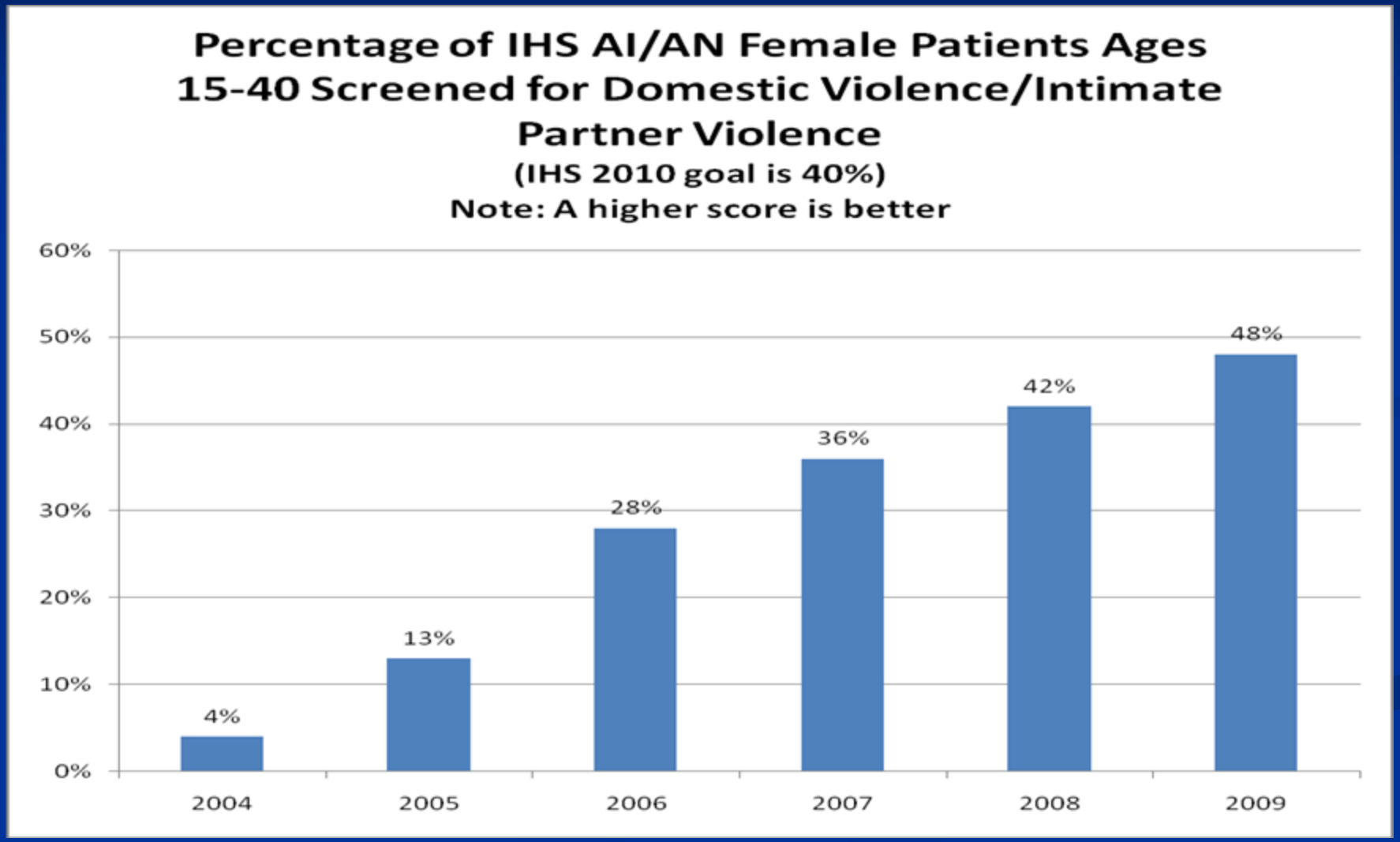
Warm Springs

- 6 mos review of GPRA numbers, look at patients who have not been screened & where they're being missed. Follow-up trainings.

Chinle

- Using EHR: evaluate both RPMS and GPRA numbers, follow-up trainings to providers/depts.
- Developing patient satisfaction survey

How have we done nationally?



Posters

Eat your vegetables.
Don't play with matches.
Finish your homework.
Respect women.
AWAITING INSTRUCTIONS.
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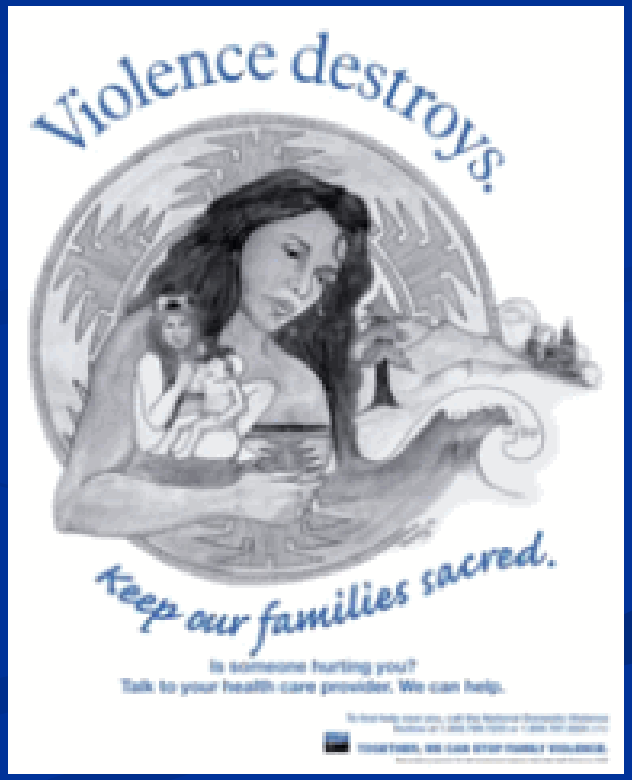
Your kids make memories every day.
It's not too late to change how they remember you.
Family Violence Prevention Fund


Violence destroys.
Keep our families sacred.
Is someone hurting you?
Talk to your health care provider. We can help.

MS Band of Choctaw

SEARHC

STOP
DOMESTIC VIOLENCE
Health Cares About Domestic Violence Awareness Day
Stop Domestic Violence
HEALTH CARES ABOUT DOMESTIC VIOLENCE DAY
Feeling alone? Don't know who to talk to?
Violence destroys
OPD
ER

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Houlton Band of Maliseet Indians

Dzilthnaodithhle "DZ" Health Center

Patient Education

Safety Card adapted by United American Indian Involvement

Abuse usually gets worse and can affect your health. Health care providers can help you. Talk to us and let us know if your husband or boyfriend is hurting you. We can:

- Meet with you privately.
- Listen if you want someone to talk to.
- Help you find counseling, a safe place to stay, or other services you may need.
- Keep records (including pictures) of any injuries.

TOGETHER, WE CAN STOP FAMILY VIOLENCE.

Made possible by a grant from the California Endowment. All characters depicted are models. Cover design by United Indian Health Services, Inc. 2000

Funded by Indian Health Service

If you are being hurt by your husband or boyfriend, talk with your health care provider.
We can help you.
No one deserves to be threatened or abused.

To find help near you, you may also call the United American Indian Involvement, Inc. at:
(213) 202-3970 *or*
National Domestic Violence Hotline at:
1-800-799-7233 or
1-800-787-3224

FAMILY VIOLENCE PREVENTION FUND

Violence destroys

Keep our families sacred.

Is someone hurting you? Talk to us, we can help.

- Does your husband or boyfriend put you down and make you feel ashamed?
- Does he tell you what to do and who you can see?
- Has he ever threatened to hurt you or your family?
- Has he ever pushed or hit you, or forced you to have sex?

If you answered "yes" even once, your husband or boyfriend is abusive.

Here's how you can protect yourself:

- Talk with someone you trust about what's going on.
- Call the Hotline of the Inter-Tribal Council of California (1-888-487-7411) to find help near you or someone to talk to.
- Discuss a safety plan with your children, including people they can call or go to in an emergency.
- In violent situations, avoid rooms without exits or with potential weapons, such as kitchens.
- Arrange a signal with a neighbor to let them know when you need help.
- Leave an "emergency kit" with someone you trust. Include money, important papers, keys, medicine, and other things you and your children really need.
- Call 911 if you are in danger.

Together we can stop family violence.

Warm Springs Health & Wellness
Exam Room Screen Saver

- If your partner is abusing you please call for help.

For Local numbers take a card from the holder on the counter

Voices from the project

- *Before we started, we didn't have any idea how much domestic violence there was. Now we have services and are responding to domestic violence and seeing an increase in the number of patients screened…*

-Donna Jensen, RN, Utah Navajo Health System

Voices from the project

- *We know [providers] are making a difference in the lives of women in their community because … women express a sense of relief that they are able to tell what was going on in their lives, that they were finally asked.*

- Joyce Gonzales, CSAC II, IACC, CDVC-1, Feather River Tribal Health, Inc.

Contact for more info…

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