Tuesday, August 3, 2021: National Webinar

"Forensic and Health Services in FJCs: Successful Models and Promising Practices"

Suzann Stewart and Kathy Bell of the Tulsa Family Safety Center, and Mary Claire Landry and Andy Mahoney of the New Orleans Family Justice Center, presented on the importance of providing forensic and health services at Family Justice/Multi-Agency (FJ/MA) Centers. Suzann, Kathy, Mary Claire, and Andrew shared best practices and strategies for outreach, coordination with emergency rooms, documentation, Sexual Assault Nurse Examiner (SANE) programs, and resident training programs for identifying Intimate Partner Violence (IPV), non-fatal strangulation, and traumatic brain injury (TBI).

About the Presenters

Suzann M. Stewart has served as Executive Director of the Family Safety Center (FSC) of Tulsa since May, 2010. She came to the FSC after 30 years in the business community in executive leadership positions. Besides her daily coordination of partner service delivery as well as relationships among the partners, community outreach and federal grant implementation for the high risk/high lethality team, Suzann is currently directing the expansion of the FSC with additional partners and enhanced survivor services for victims of domestic violence, sexual assault, human trafficking, elder and vulnerable adult abuse and stalking. She currently serves on the Quality Assurance Panel of the Family Court for the 14th District Court, Oklahoma Task Force on Human Trafficking, A Way Home for Tulsa, Community Advisory Board of the Tulsa Police Department, and Rte 66 HealthConsortium.

Kathy Bell is the Forensic Nursing Administrator for the Tulsa Police Department where she provides the day to day operations management of the forensic nurse examiner programs. Kathy is a forensic nurse, performing sexual assault, drug endangered children, domestic violence, and elder abuse examinations. She is certified as a Sexual Assault Nurse Examiner of Adults and Adolescents and Pediatrics (SANE-A and SANE-P) by the International Association of Forensic Nurses. She is a member and Past-President of the International Association of Forensic Nurses, the American Nurses Association and Oklahoma Nurses Association, and Academy on Violence and Abuse.

Mary Claire Landry has over 45 years of professional management experience providing visionary leadership and optimizing individual and organizational performance. Mary Claire is a licensed clinical social worker with a Masters of Social Work from Tulane University and a Masters of Business Administration from the University of New Orleans. From 2003 to 2012 she served as the Director of Domestic Violence and Sexual Assault Services for Catholic Charities Archdiocese of New Orleans. In 2007 she created the New Orleans Family Justice Center, a comprehensive

victim services center and since July of 2012 serves as its Executive Director under the 501c3, the New Orleans Family Justice Alliance. In 2006, Mary Claire served as the President of the Louisiana Coalition Against Domestic Violence and currently serves on the Louisiana Domestic Violence Prevention Commission created in 2014.

Andrew Mahoney has been a Sexual Assault Nurse Examiner for over 13 years and a Registered Nurse for 30 years. He serves as the coordinator of forensic services for the HOPE clinic at the New Orleans Family Justice Center. Andrew teaches all over the state about the dangers of strangulation and has served as an expert witness in multiple cases.

Welcome to Our Webinar

While waiting for the presentation to begin, please read the following reminders:

- The presentation will begin promptly at 10:30 a.m. Pacific Time
- If you are experiencing technical difficulties, email lsabella@allianceforhope.com
- Attendees will be muted throughout the presentation
- To send questions to the presenter during presentation:
  - Type your questions into the Q&A feature, they will be answered after the presentation
- The presentation will be recorded and posted on www.allianceforhope.com

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Forensic and Health Services in FJCs: Successful Models and Promising Practices

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Your Host

Gael Strack

CEO & Co-Founder

Alliance for HOPE International

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Thank You to the Office on Violence Against Women

Nadine Neufville
Acting Director

Kevin Sweeney
Program Manager

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Hc

Casey Gwinn

Joe Bianco

Alexa Peterson

Isabella De Silva

Raeanne Passantino

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Your Presenters

Mary Claire Landry

Executive Director

New Orleans Family Justice Center

Andy Mahoney

Forensic Coordinator

New Orleans Family Justice Center

Suzann Stewart

Executive Director

Family Safety Center of Tulsa

Kathy Bell

Forensic Nursing Administrator

Tulsa Police Department

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Agenda

- Context – Gael Strack
- Tulsa Model – Suzann Stewart and Kathy Bell
- New Orleans Model – Mary Claire Landry and Andy Mahoney
- Resources for DV Exams
- Questions for the Panel

Domestic violence is a leading risk factor for injury and death for women in the U.S.

CDC, the National Intimate Partner and Sexual Assault Survey (2014)

https://vawnet.org/sc/impact-domestic-violence-health

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Chat question:

Why do victims of domestic violence and/or strangulation need a medical examination?

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You can help us improve our position statement on the need for medical exams.

Thank you. ☺

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American Academy of Neurology Position Statement (June 9, 2021)

- "The medical literature and the cumulative experience of neurologists clearly indicate that restricting cerebral blood flow or oxygen delivery, even briefly, can cause permanent injury to the brain, including stroke, cognitive impairment, and even death."

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Key findings from 2018 Oklahoma Lethality Assessment Study of 1008 LAP Victims

- 79.66% reported some form of strangulation
  - 11.70% reported attempted;
  - 30.16% reported completed
  - 37.80 reported multiple
- Women of all strangulation were more likely to be sexually assaulted.
- Women of multiple strangulations were more likely to report; believed abuser was capable of killing them; suffered a miscarriage; lost consciousness; sought medical treatment and felt powerless.
- Conclusion: Multiple strangulations mean higher risk of homicide and health consequences

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Webinar: Updated 2020 Imaging Recommendations

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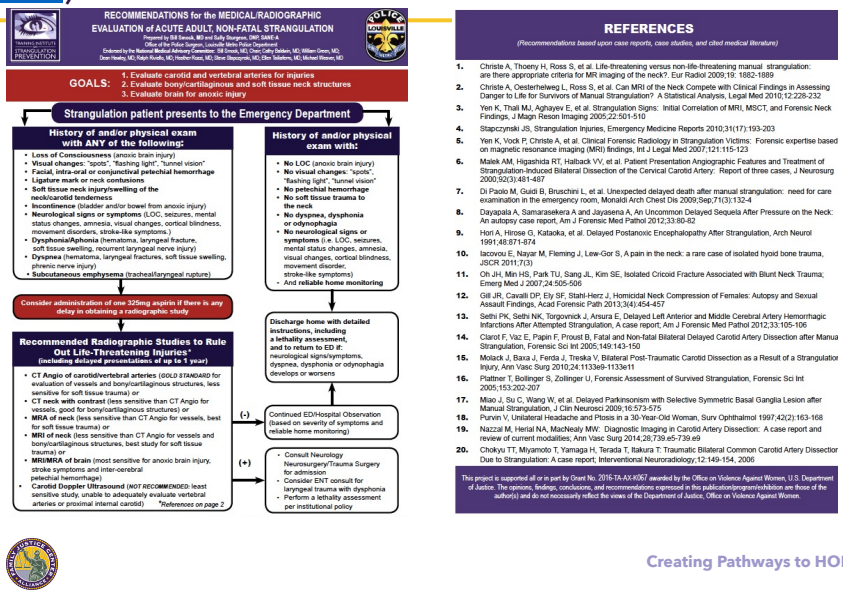
Updated Imaging Recommendations (link here)



RECOMMENDATIONS for the MEDICAL/RADIOGRAPHIC EVALUATION of ACUTE ADULT, NON-FATAL STRANGULATION

GOALS: 1. Evaluate carotid and vertebral arteries for injuries 2. Evaluate bony/cartilaginous and soft tissue neck structures 3. Evaluate brain for anoxic injury

Strangulation patient presents to the Emergency Department

History of and/or physical exam with ANY of the following:
- Loss of Consciousness (anoxic brain injury)
- Visual changes: "spots", "flashing light", "tunnel vision"
- Facial, intra-oral or conjunctival petechial hemorrhage
- Ligature mark or neck contusions
- Soft tissue neck injury/swelling of the neck/carotid tenderness
- Incontinence (bladder and/or bowel from anoxic injury)
- Neurological signs or symptoms (LOC, seizures, mental status changes, amnesia, visual changes, cortical blindness, movement disorders, stroke-like symptoms.)
- Dysphonia/Aphonia (hematoma, laryngeal fracture, soft tissue swelling, recurrent laryngeal nerve injury)
- Dyspnea (hematoma, laryngeal fractures, soft tissue swelling, phrenic nerve injury)
- Subcutaneous emphysema (tracheal/laryngeal rupture)

History of and/or physical exam with:
- No LOC (anoxic brain injury)
- No visual changes: "spots", "flashing light", "tunnel vision"
- No petechial hemorrhage
- No soft tissue trauma to the neck
- No dyspnea, dysphonia or odynophagia
- No neurological signs or symptoms (i.e. LOC, seizures, mental status changes, amnesia, visual changes, cortical blindness, movement disorder, stroke-like symptoms)
- And reliable home monitoring

Consider administration of one 325mg aspirin if there is any delay in obtaining a radiographic study

Recommended Radiographic Studies to Rule Out Life-Threatening Injuries* (including delayed presentations of up to 1 year)
- CT Angio of carotid/vertebral arteries (GOLD STANDARD for evaluation of vessels and bony/cartilaginous structures, less sensitive for soft tissue trauma) or
- CT neck with contrast (less sensitive than CT Angio for vessels, good for bony/cartilaginous structures) or
- MRA of neck (less sensitive than CT Angio for vessels, best for soft tissue trauma) or
- MRI of neck (less sensitive than CT Angio for vessels and bony/cartilaginous structures, best study for soft tissue trauma) or
- MRI/MRA of brain (most sensitive for anoxic brain injury, stroke symptoms and inter-cerebral petechial hemorrhage)
- Carotid Doppler Ultrasound (NOT RECOMMENDED: least sensitive study, unable to adequately evaluate vertebral arteries or proximal internal carotid) *References on page 2

Discharge home with detailed instructions, including a lethality assessment, and to return to ED if: neurological signs/symptoms, dyspnea, dysphonia or odynophagia develops or worsens

(-) Continued ED/Hospital Observation (based on severity of symptoms and reliable home monitoring)

(+)
- Consult Neurology Neurosurgery/Trauma Surgery for admission
- Consider ENT consult for laryngeal trauma with dysphonia
- Perform a lethality assessment per institutional policy

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(Recommendations based upon case reports, case studies, and cited medical literature)

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Emergency Radiology (2019) 26:485–492
https://doi.org/10.1007/s10140-019-01690-3

ORIGINAL ARTICLE

Check for updates

CT angiograms of the neck in strangulation victims: incidence of positive findings at a level one trauma center over a 7-year period

Omar Safi Zuberi[1] · Trent Dixon[1] · Alexander Richardson[1] · Ashish Gandhe[1] · Mohiuddin Hadi[1] · Jonathan Joshi[1]

Received: 1 October 2018 / Accepted: 3 April 2019 / Published online: 4 May 2019

- 142 strangled patients (7 years)
- All underwent CTA (protocol)
- Initial CTA reading: 6 vascular injuries
- Neuroradiologist:
  - 4/6 false positives
  - One false negative
  - 3/142 vascular injuries (2.1%) or 1/47

- Common symptom & findings
  - Loss of consciousness - **47.2%**
  - Neck pain - 51.4%
  - Headache - 21.8%
  - Redness or ecchymoses on the neck - 51.4%
  - Neck tenderness - 33.1%
- **NO** clinical predictive value from history and physical exam for BCVI

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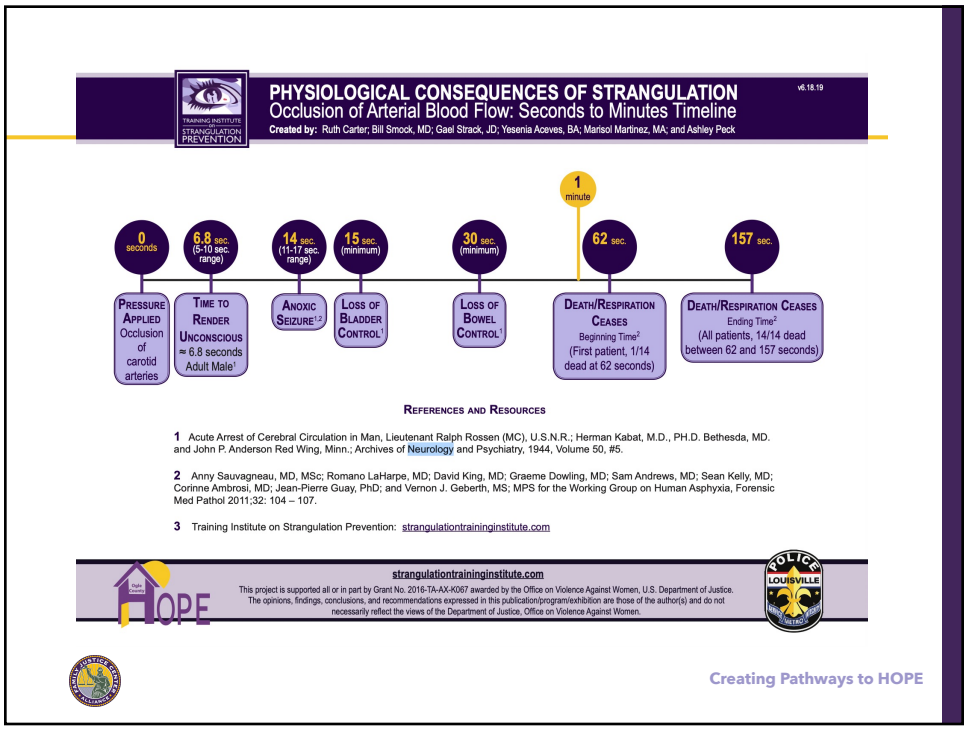

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EMTALA – Emergency Medical Treatment & Labor Act

- 42 U.S.C. Section 1395dd
- Passed in 1986 to ensure public access to emergency services regardless of ability to pay.
- Imposed specific obligations on medicare-participating hospital that offer emergency services to provide a medical screening examination (MSE) when a request is made for examination or treatment for an emergency medical condition, regardless of an individual's ability to pay.
- Strangulation is an Emergency Medical Condition.

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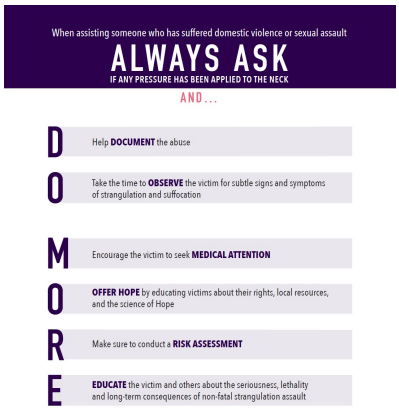
Always ASK and DO MORE



- You may be the first responder. Eventually, documentation will be critical.
- Victims may be too traumatized to tell you, worried about other things or simply can't remember.
- Victims don't know how to navigate the medical or legal system. Help them, Offer information & tell them their rights.
- Help victims and others understand their level of risk
- Educate victims and others.

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Congratulations to Washington for passing the first strangulation DV exam law!!

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Various Models of Medical Services for victims at FJCs

- Child abuse only
- Domestic violence only – mostly strangulation exams
- DV & SA Exams on site
- DV & CA Exams on site
- DV, CA & SA
- Fort Worth – Strangulation Ordinance, Paramedics called to Scene & Strangulation Assessment
- Essex, NJ – Health Navigator & Specially Trained Teams
- Guildford, NC – Nurse on site, High Risk Team, Court Accompaniment
- New Orleans FJC & Rose Andom FJC– Health Clinics

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As of November 2020…

FJCs & Forensic Medical Units							
Name of Center	City	State	Website	DV	SA	Children	Health Services
One Place Metro Alabama Family Justice Center	Birmingham	AL	https://oneplacebirmingham.com/	X	X		
Imperial County Family Justice Center	El Centro	CA	www.co.imperial.ca.us			X	
San Diego Family Justice Center	San Diego	CA	www.sandiego.gov	X	X	X	
Strength United Family Justice Center	Van Nuys	CA	www.csun.edu	X	X	X	
Rose Andom Center	Denver	CO	http://roseandomcenter.org				X
Nampa Family Justice Center	Nampa	ID	www.cityofnampa.us	X		X	
New Orleans Family Justice Center	New Orleans	LA	nofjc.org		X		X
Family Justice Center of Boston	Boston	MA	www.bphc.org			X	
Prince George's County Family Justice Center	Upper Marlboro	MD	www.princegeorgescourts.org		X		
Buncombe County Family Justice Center	Asheville	NC	www.buncombecounty.org	X	X		

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As of November 2020…

FJCs & Forensic Medical Units							
Name of Center	City	State	Website	DV	SA	Children	Health Services
Guilford County Family Justice Center	Greensboro and High Point	NC	www.guilfordcountync.gov			X	
Palomar: Oklahoma City's Family Justice Center	Oklahoma City	OK	palomarokc.org	X			
One Safe Place	Shawnee	OK	fjc.osgov.us		X		
Family Safety Center	Tulsa	OK	www.fsctulsa.org	X	X		
14th Circuit Victim Services Center	Okatie	SC	https://scsolicitor14.org/victim-services-center		X		
Family Safety Center	Nashville	TN	https://ofs.nashville.gov/family-safety-center		X	X	
Salt Lake Area Family Justice Center	Salt Lake City	UT	https://slcfamilyjusticecenter.org/services		X		
Sojourner Family Peace Center	Milwaukee	WI	https://www.familypeacecenter.org/fpc		X	X	X

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Kathy Bell, Tulsa Police Department

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Tulsa Family Safety Center

- 2019: 7650 adult survivors annually
- 2000 children accompanying
- 3000+ support/family members
- 1482 forensic medical exams
- 80% strangulation in past 10 years (past life event or current event)

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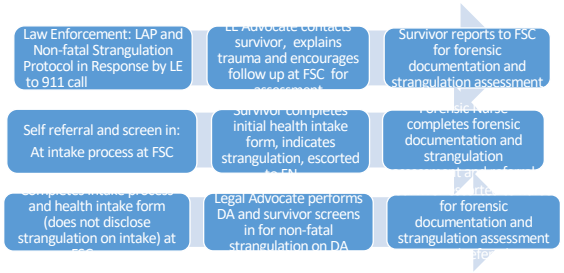
How do you find out your patient has been "choked"?



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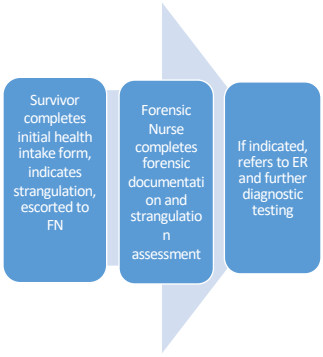
Health Survey First

Client Name: _____Date: ____ Time: ___

- **Forensic Nurse Examiner Services**
- The information you provide by completing this form will be used by the Forensic Nurse in prioritizing your medical needs.
- If you would rather just discuss these questions with the nurse, please place a mark in this box.
- **Have you been here before? Yes No**
- Yes No
- 1. Are you experiencing any abdominal or chest pain?
- 2. Have you been choked? Has he/she had his/her hands on your throat or used his/her arm, a rope or cord or something similar on your neck?
- 3. Are you pregnant?
- 4. Are you bleeding anywhere?
- 5. In the last 10 days have you been rendered unconscious? (knocked out, fainted, passed out, blacked out)
- 6. Are you experiencing pain from any injuries that you have?
- 7. Have you considered harming yourself?
- 8. Do you have any recent (within the last 10 days) bite marks?
- 9. Do you have any difficulty moving any of your extremities?
- 10. Do you have any medical conditions you are currently being treated? (Anything for which you regularly take medications or see a physician.)
- 11. Are you over 65?



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The nurse response was based on the well established SANE program

- Genuine compassion when they are suffering
- Safety when they are afraid
- Trust when they need to be believed
- High regard when they feel vulnerable
- Confidence that they are not to blame
- Hope

TULSA SANE

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Nurse Education

- IAFN education guidelines
- Initially 2 day course
- Increased to 3 day course
- Now online 40 hour course

Started seeing patients in 2006
Have seen > 11,000 patients

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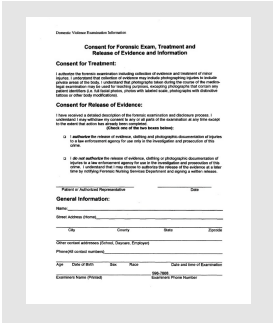
Domestic Violence Examinations



Consent for Forensic Exam, Treatment and Release of Evidence and Information

Consent for Treatment:

Consent for Release of Evidence:

General Information:

Strangulation Hypoxia Anoxia Symptom TBI Assessment (SHASTA) Victim

SUPPLEMENTAL HISTORY SECTION

- FSC
  - History: event and medical
  - Assessment/Documentation
  - Danger Assessment
  - Nursing Diagnosis and treatment
  - Discharge/Safety Planning
  - Referral
  - Photography
  - Evidence collection
- ED

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Domestic Strangulation Initiative Components

- Strangulation training for officers
- Strangulation Awareness Card
- DVIS: Law Enforcement Advocate
- Tulsa County District Attorney's office
- Rapid Intervention Team (RIT)
- Healthcare policy and education
- Public Service Announcements
- Study of Domestic Violence in Tulsa

Español

The Tulsa Police Department is implementing the Domestic Strangulation Initiative to better serve our community in an attempt to reduce violence and possibly reduce domestic homicides.

The Tulsa Police Department recognizes the seriousness of domestic strangulation for the following reasons:

- Non-Fatal Strangulation can lead to strokes, brain injury, and possible death.
- Strangulation in domestic violence is usually an indication of an escalation of violence between domestic partners.

Domestic Strangulation Background

Non-fatal strangulation is known to be a significant risk factor for intimate partner homicide (IPH) and attempted homicide of women.

Strangulation Card

Victim's Rights Card

Non-fatal Strangulation Information Video

Tulsa Police Department

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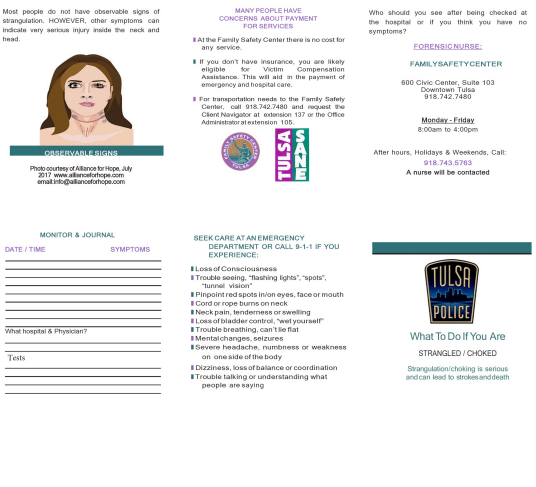
Strangulation Awareness Card



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TPD Domestic Strangulation Stats (2016-2019)

2016	2017	2018 (Start of Initiative).	2019
Reports: 234	Reports: 498	Reports: 724	Reports: 701
Arrests: 102	Arrests: 146	Arrests: 289	Arrests: 311
Charged: 128	Charged: 230	Charged: 408	Charged: 398
Exams: Unknown	Exams: 269	Exams: 324	Exams: 566

- Note: Number of arrests includes outstanding warrants for DV strangulation. Total charged includes total number charged in Tulsa County and not just TPD.

Tulsa Police Department

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2021

- Three grants/three new programs
  - Blue Cross Blue Shield
  - Tulsa Area United Way
  - ESG (Emergency Cares Grant)

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Lethality Assessment Program for healthcare

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LAP

- Design
- Started April 2021
- Approved to change EMR throughout the entire health system
- Working on actual implementation procedures and education
- ED and MCH

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Traumatic Brain Injury program

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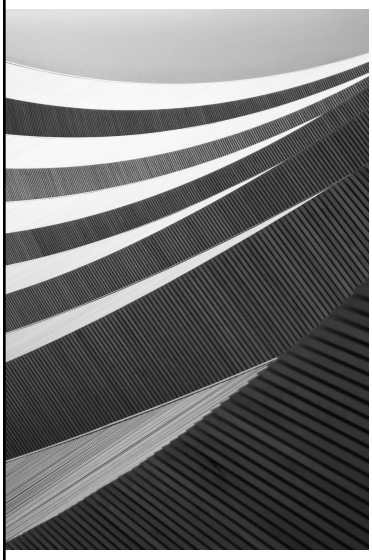

Surprises

screening results

the extent of their injuries

severity of their neurocognitive deficits.

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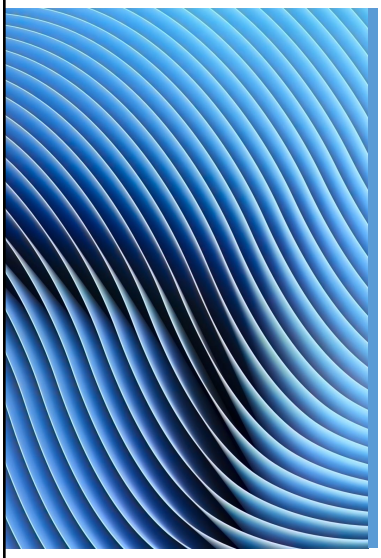

May to mid July 2021

58 patients have met criteria to have an evaluation for brain injury;

22 assessments have been completed

13 appointments are pending

2 individuals seen at the DVIS shelter

13 seen when they came to the FSC to obtain a protective order

7 made appointments and kept those appointments.

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Follow-up (36 not seen)

- nature of their injury
- no phone
- no answer to follow up phone call to make an appointment (are they scared to answer the phone? would texting be more effective?)
- declining an examination because "they are fine"
- they do not have a ride or their car is broken down
- they cannot remember that they have an appointment and continually reschedule
- they are completely overwhelmed and do not want to talk right now and can I "call back later"
- they have no childcare
- reunification with their abuser

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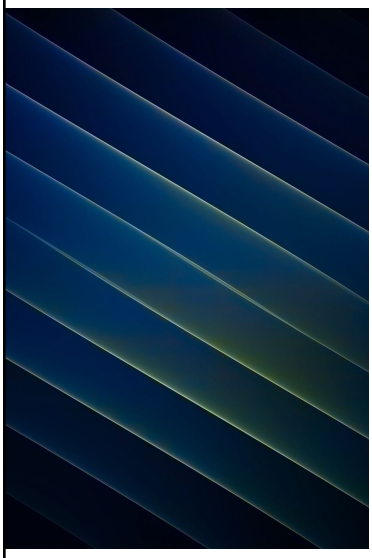

Barriers

1) the nature of their injury (poor memory, difficulty making decisions and following through, difficulty concentrating, difficulty comprehending the need for care, poor decision making, etc.),

2) the abuser does not want them to follow up,

3) lack of awareness among care providers, including therapists, about TBI,

4) lack of insurance and access to healthcare,

5) no vehicle,

6) hopelessness with their situation, and

7) mental and physical exhaustion.

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At a minimum these patients need

follow up with a therapist, if neurocognitive deficits

a collaborative team

- ideally an occupational therapist,
- a case manager
- possibly further neuropsychological testing.

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At this point

- Patients are provided with education about traumatic brain injuries.
- Providing paperwork that they can take home and read at a later time concerning strangulation injuries and mild traumatic brain injuries.
- Many think they are "going crazy" or are "stupid".
- They carry journals because they know they can't remember details of their day and they struggle to keep their jobs because they know their concentration is poor.
- Providing a possible answer to why they are having the issues they are having (returning to their abuser, not following through with protective orders over and over again, forgetfulness, irritability, etc.) can be very therapeutic.

45

Resources

- Behavioral Health
- PCP's for the individuals who have access to healthcare,
  but there is quite possibly a lack of education in primary care with the needs of individuals who have been victims of domestic violence.
- Outpatient Clinic Rehab center (OT, PT, funding if no insurance)
- Indian Health
- Family and Children's Services
- OSU neuropsychological testing in their BH clinic, along with psychiatrists.

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Nurse Practitioner Program at Shelter

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Issues/Hurdles

- Ordering Labs
- Ordering imaging
- Filling RX's (who will pay and go pick-up)
- Transportation to imaging and pharmacy
- COVID testing (transportation to and from/scheduling)
- Funding for services
- Prescriptive authority for NPs
- Finding many clients need Occupational/psychotherapy

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Successes to date

- Medical Assistance Program (MAP) partnership for funding source for labs, imaging, and specialty care
- RML established for lab ordering
  - Provider's transport specimens at end of shift
- Imaging process set-up with MAP program
- 57 total client visits to date (7/19/21)
- RX's 27
- Imaging 1
- Labs 3 (just officially established (7/12/21)
- Referrals to higher level/specialty care 6
- Sent to ER 3 (2 were same client)

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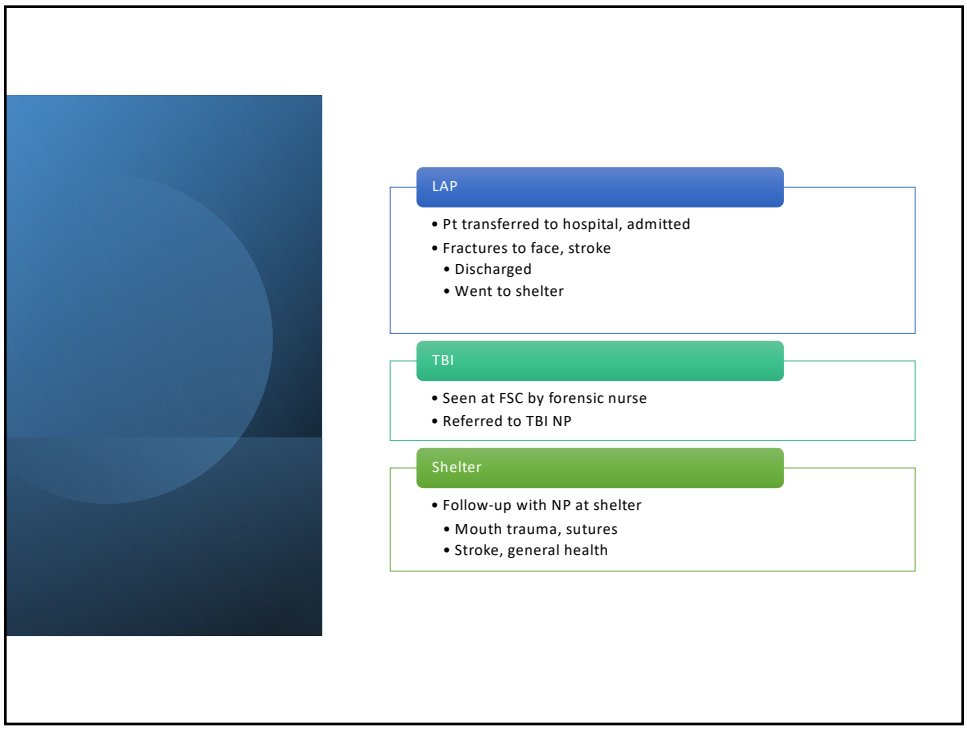
How this all fits together

- 39 yo female
  - Relationship with assailant for 2 months
  - Assaulted over two days
  - Hit with open hand, fist, kicked, pushed, grabbed, pounded her head on the cement floor, shook her, bound her
    - Destroyed her house and phone
  - Strangulation
    - Phone charger, shoe string, hammer, both hands
    - Lost consciousness, loss bladder control,
  - Taken to hospital

50


LAP
• Pt transferred to hospital, admitted
• Fractures to face, stroke
• Discharged
• Went to shelter
TBI
• Seen at FSC by forensic nurse
• Referred to TBI NP
Shelter
• Follow-up with NP at shelter
• Mouth trauma, sutures
• Stroke, general health

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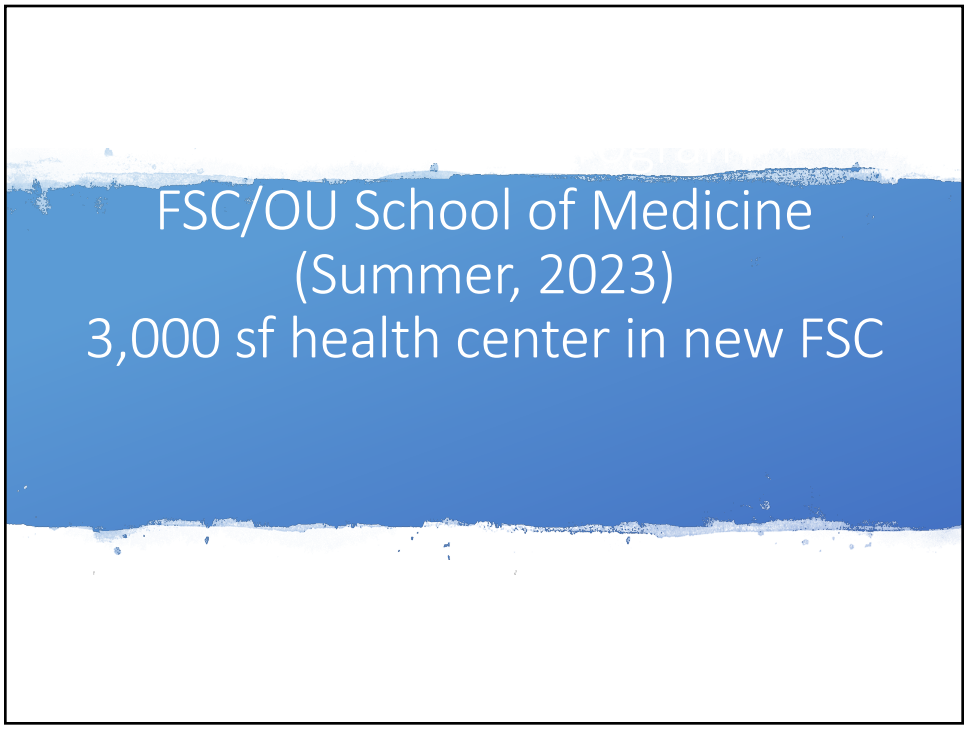
FSC/OU School of Medicine
(Summer, 2023)
3,000 sf health center in new FSC

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FSC

- Survivor referred to Medical Unit and forensic nurse
- Assessment for Strangulation, TBI, etc.
- Documentation of injuries
- Referral to onsite resident for other services

Resident (supervised by physician onsite)

- Seen by Resident
- Medications/general health assessment
- Referred to other services or ongoing treatment (return)

OU School of Medicine

- Trauma training for residents in real-life DV scenarios
- Practice in interviewing and assessing for DV in patient-DR consultations
- Better outcomes for patients who may not feel comfortable voluntarily disclosing abuse

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The New Orleans Health Clinic Model

Mary Claire Landry, LCSW, MBA
Executive Director
New Orleans Family Justice Alliance
mclandry@nofjc.org
(504) 388-9281

www.strangulationtraininginstitute.com

ALLIANCE for HOPE INTERNATIONAL

CREATING PATHWAYS TO HOPE

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THE DATA THAT DRIVES THE VISION

Strangulation Assessments

	2016	2018	2020
Total Survivors Served	1,600	1,807	2,707
New Intakes	582	538	764
Danger Assessments	532	485	465
Yes to "Choking"	334 **(63%)**	319 **(66%)**	291 **(63%)**
Strangulation Assessments	240	157	140
Number with more than one symptom Reported	129 **(82%)**	120 **(76%)**	120 **(86%)**

The NOFJC has been tracking "choking" answers on danger assessments since 2013 with consistently having a greater than 60% positive response.

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Identifying the Gaps:

Reported to Police:

NO: 61%
YES: 39%

Sought Medical Services:

NO: 82%
YES: 18%

- In 27% of cases (43) children witnessed the strangulation
- In 13% of cases (21) survivor was strangled more than once during same incident.
- One survivor reported 15 non-fatal strangulations in a day
- In 21% of cases (33), the perpetrator used something to block the person's nose, mouth or throat

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The Building Blocks:

Forensic Services 2017

1. On-site forensic program to identify, document and collect evidence for sexual assault and domestic violence victims, especially those involving non-fatal strangulation.

- Secured VOCA funding for Forensic Coordinator and receptionist – awarded $204,000 in annual funding
- Hired experienced SANE nurse from community
- Gained approval as a community-based forensic program in the Department of Health regional plan
- Developed MOU with hospital based forensic program in the DHH regional plan to support community-based program

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Meet Andy Mahoney, MSN, RN-BC, SANE-A

NOFJC Forensic Coordinator, 2017

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Forensic Program Statistics:

	2018	2019	2020
Total Forensic Exams	87	83	102
IPV Forensic Exams	87	74	83
IPV Client Reports Strangulation	65%	73%	81%
SA Forensic Examinations	------	4	6
SA Follow Up Medical Exams	------	17	25
Community Trainings/Outreach	24 Hundreds of hours and varied participants	19 Hundreds of hours and varied participants	22 Hundreds of hours and varied participants

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The Building Blocks:

Legislative Work
2017

2. Enhance strangulation laws in the state to increase charging, convictions and penalties of high risk felony non-fatal strangulation throughout the criminal justice system.

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The Building Blocks:

Primary Healthcare 2018

3. On-site primary health care to provide initial and follow-up medical services for underserved and at risk populations that we serve.

- NOFJC Board of Directors approved expansion of health clinic
- Added 2500 sq. ft. to lease for clinic suite on 1st floor
- Secured $150,000 construction loan from bank
- Architectural Plans, Building Permits, Building Approvals, Construction bids, Construction begins
- Determining Governance Structure
- Relationship with other FQHC's (Federally Qualified Health Centers)
- Initially partnered with START Corp. as FQHC partner

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The Building Blocks:

Primary Healthcare 2019

4. Build an infrastructure for new 501 (c)3 for financial stability and independence.

- Construction completed, Fire Marshall approval to open
- HOPE Community Health Center opened October, 2019
- Hired Dr. Eliana Soto as primary healthcare physician
- Began credentialing process as a primary healthcare clinic
- Governance – became a 501c3 in December, 2019
- Severed partnership with START Corp FQHC
- Hired Wendy Blanco, clinic receptionist/coordinator

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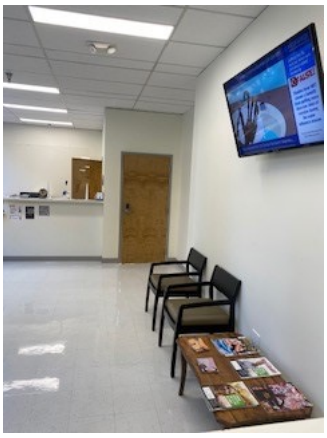
HOPE Community Health Center



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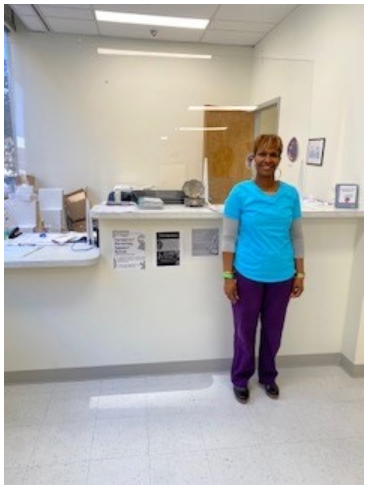
Meet
Wendy Blanco



HOPE CHC
Receptionist
Clinic Coordinator
2019

65

The Building Blocks:

Primary Healthcare
2020

5. Secure supplemental funding to support clinic operations until 3rd party credentialing is complete.

- Awarded $25,000 United Way Women United to furnish forensic exam suite
- Awarded $150,000 grant over 3 years from the Daughters of Charity Foundation – covers LPN salary and clinic operations
- Began credentialing process as a primary healthcare clinic
- Changed credentialing to a stand alone clinic due to 501c3 status as separate corporation from NOFJA
- The HOPE CHC approved as a Medicaid Provider
- Hired Kelley Lipsey as Clinic Director
- Hired Dr. Scharmaine Lawson, DNP to replace Dr. Soto
- Hired Melissa Neal, COVID Screener/Receptionist

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Exam room made
possible by the
generous support of
UNITED WAY OF SOUTHEAST LOUISIANA
WOMEN UNITED

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Meet
Dr. Scharmaine Lawson,
DNP, PMHNP(c), FNP-BC, FAANP, FAAN

HOPE CHC

Nurse Practitioner 2020

69

Meet
KELLEY LIPSEY

HOPE CHC
Clinic Director, 2020

70

Meet
Linda Wright, LPN

HOPE CHC

Licensed Practical Nurse
2020

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Meet
Melissa Neal

HOPE CHC
Screener
Receptionist,
2020

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The Building Blocks:

Behavioral Healthcare 2020

6. Expand behavioral health services to address the ongoing wait list of over 200 survivors seeking counseling and trauma services. Specialty services for poly-victims to address lifetime trauma issues that continue to impact survivors' physical health, mental health and substance use.

- Awarded $50,000 grant from the Methodist Healthcare System Foundation for partial support for the hiring of a therapist
- Hired Brian LaBella, LCSW-BACS
- Secured credentialing of behavioral therapist with 3rd party payers, including Medicaid
- Began credentialing process for other grant funded licensed therapists of the NOFJC

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Meet Brian LaBella, LCSW-BACS

HOPE CHC
Behavioral Therapist, 2020

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The Building Blocks:

HOPE Community Health Center 2020

7. Added a new "fee for service" funding stream funded through Medicaid and other 3rd Party carriers that can be billed through the HOPE Community Health Center.

- Decision to switch to a new EMR – Athena in Dec. 2020
- Began transitioning "grant funded" therapist positions (5) to "fee for service" funded positions through contract with HOPE Community Health Center
- Collect insurance information on all clients receiving services at NOFJC.
- At least 60% of our clientele are Medicaid recipients or Medicaid eligible.
- This shift of funding streams will free up grant money for other operational and service needs of the New Orleans Family Justice Center.
- Adding a new funding stream will provide additional revenue to increase salaries for therapists to compete in marketplace and to expand clinical capacity.

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The Building Blocks:

HOPE Community Health Center 2021

8. Become a Federally Qualified Health Center (FQHC) to access enhanced Medicaid reimbursement rates for primary and behavioral health services provided on site.

- Negotiation with Health Resources and Services Administration (HRSA) to approve location site at 701 Loyola, Suite 108
- Target the at risk population we serve at the NOFJC and the underserved needs in our community
- Complete "Look Alike" Application
- Secured 2nd year funding from Daughters of Charity; requested MHSF
- Hire the 2nd Behavioral Therapist for the HOPE CHC
- The HOPE CHC to become a Medicaid Enrollment Center
- Add substance abuse specialty to service delivery
- Dr. Lawson adds mental health/psychiatry to her credentials
- Add medication management with Dr. Lawson once licensure is completed

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Integration and Outcomes

HOPE Community Health Center
in partnership with New Orleans Family Justice Center
Hope for the Future

9. As an integrated partnership, we will begin to track and demonstrate outcomes as it relates to the gaps we identified in 2016.
   - Will we demonstrate that more survivors feel safe and protected to report their non-fatal strangulation incidents to police?
   - Will we demonstrate that more survivors receive immediate, intermediate and long term medical attention for the healthcare complications that are present in non-fatal strangulation events?
   - Will we demonstrate that more felony strangulation cases are prosecuted to the fullest extent of the law?
   - Will we demonstrate a reduction of Domestic Violence homicides in our community by holding the "most at risk and dangerous perpetrators" who strangle their partners accountable for their behavior?
   - Will we demonstrate that our community and criminal justice partners, social services and medical providers are better educated about non-fatal strangulation in our community?
   - Will we create maximum capacity for the poly-victims that we see daily who are dealing with long term chronic issues related to life time trauma?
   - Will we be the comprehensive trauma center in our community that brings healing and hope to thousands of survivors?

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a program of Alliance for HOPE International

Resources for Medical Treatment & DV Exams

Our favorite picks

ALLIANCE for HOPE INTERNATIONAL
familyjusticecenter.org

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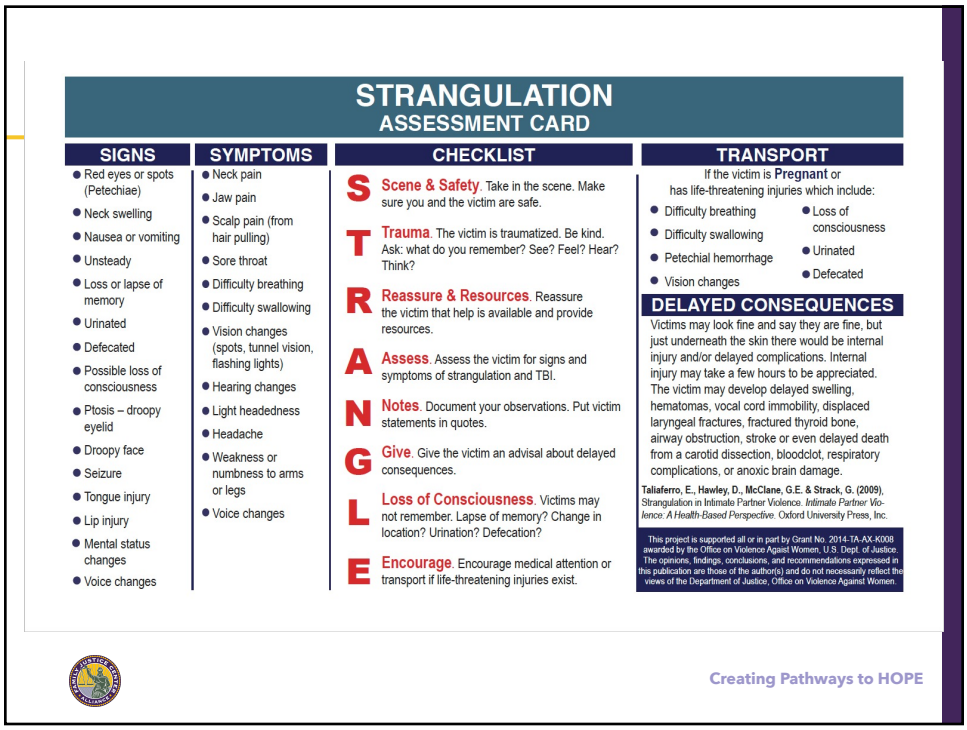
STRANGULATION
ASSESSMENT CARD
SIGNS
Red eyes or spots (Petechiae)
Neck swelling
Nausea or vomiting
Unsteady
Loss or lapse of memory
Urinated
Defecated
Possible loss of consciousness
Ptosis – droopy eyelid
Droopy face
Seizure
Tongue injury
Lip injury
Mental status changes
Voice changes
SYMPTOMS
Neck pain
Jaw pain
Scalp pain (from hair pulling)
Sore throat
Difficulty breathing
Difficulty swallowing
Vision changes (spots, tunnel vision, flashing lights)
Hearing changes
Light headedness
Headache
Weakness or numbness to arms or legs
Voice changes
CHECKLIST
S Scene & Safety. Take in the scene. Make sure you and the victim are safe.
T Trauma. The victim is traumatized. Be kind. Ask: what do you remember? See? Feel? Hear? Think?
R Reassure & Resources. Reassure the victim that help is available and provide resources.
A Assess. Assess the victim for signs and symptoms of strangulation and TBI.
N Notes. Document your observations. Put victim statements in quotes.
G Give. Give the victim an advisal about delayed consequences.
L Loss of Consciousness. Victims may not remember. Lapse of memory? Change in location? Urination? Defecation?
E Encourage. Encourage medical attention or transport if life-threatening injuries exist.
TRANSPORT
If the victim is Pregnant or has life-threatening injuries which include:
Difficulty breathing
Difficulty swallowing
Petechial hemorrhage
Vision changes
Loss of consciousness
Urinated
Defecated
DELAYED CONSEQUENCES
Victims may look fine and say they are fine, but just underneath the skin there would be internal injury and/or delayed complications. Internal injury may take a few hours to be appreciated. The victim may develop delayed swelling, hematomas, vocal cord immobility, displaced laryngeal fractures, fractured thyroid bone, airway obstruction, stroke or even delayed death from a carotid dissection, bloodclot, respiratory complications, or anoxic brain damage.
Taliaferro, E., Hawley, D., McClane, G.E. & Strack, G. (2009), Strangulation in Intimate Partner Violence. Intimate Partner Violence: A Health-Based Perspective. Oxford University Press, Inc.
This project is supported all or in part by Grant No. 2014-TA-AX-K008 awarded by the Office on Violence Against Women, U.S. Dept. of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.
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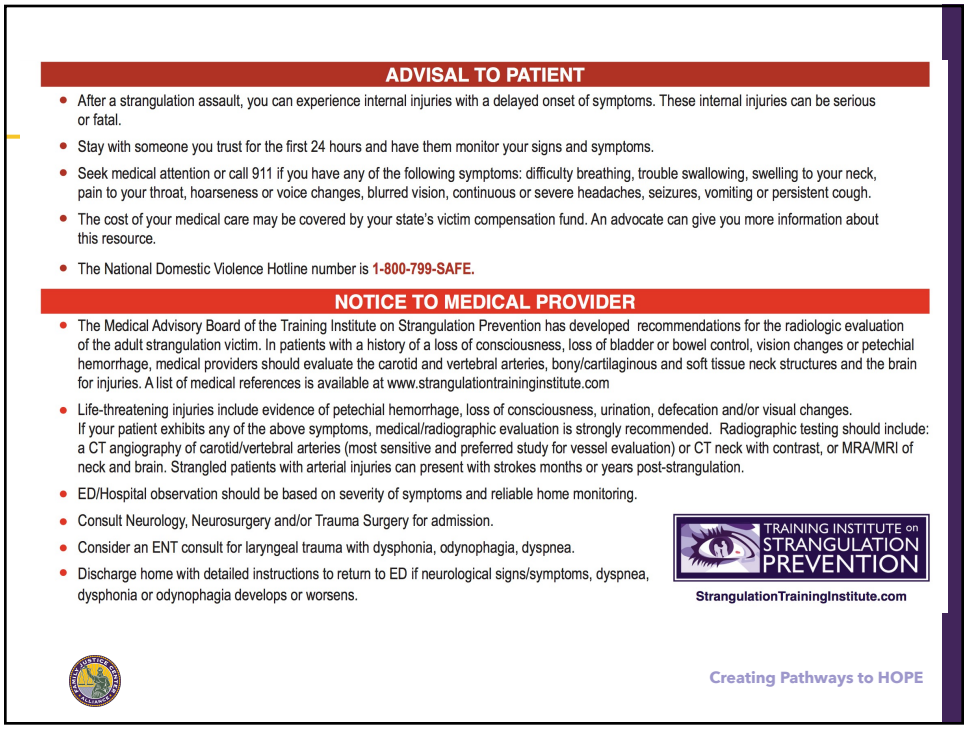
ADVISAL TO PATIENT
After a strangulation assault, you can experience internal injuries with a delayed onset of symptoms. These internal injuries can be serious or fatal.
Stay with someone you trust for the first 24 hours and have them monitor your signs and symptoms.
Seek medical attention or call 911 if you have any of the following symptoms: difficulty breathing, trouble swallowing, swelling to your neck, pain to your throat, hoarseness or voice changes, blurred vision, continuous or severe headaches, seizures, vomiting or persistent cough.
The cost of your medical care may be covered by your state's victim compensation fund. An advocate can give you more information about this resource.
The National Domestic Violence Hotline number is 1-800-799-SAFE.
NOTICE TO MEDICAL PROVIDER
The Medical Advisory Board of the Training Institute on Strangulation Prevention has developed recommendations for the radiologic evaluation of the adult strangulation victim. In patients with a history of a loss of consciousness, loss of bladder or bowel control, vision changes or petechial hemorrhage, medical providers should evaluate the carotid and vertebral arteries, bony/cartilaginous and soft tissue neck structures and the brain for injuries. A list of medical references is available at www.strangulationtraininginstitute.com
Life-threatening injuries include evidence of petechial hemorrhage, loss of consciousness, urination, defecation and/or visual changes. If your patient exhibits any of the above symptoms, medical/radiographic evaluation is strongly recommended. Radiographic testing should include: a CT angiography of carotid/vertebral arteries (most sensitive and preferred study for vessel evaluation) or CT neck with contrast, or MRA/MRI of neck and brain. Strangled patients with arterial injuries can present with strokes months or years post-strangulation.
ED/Hospital observation should be based on severity of symptoms and reliable home monitoring.
Consult Neurology, Neurosurgery and/or Trauma Surgery for admission.
Consider an ENT consult for laryngeal trauma with dysphonia, odynophagia, dyspnea.
Discharge home with detailed instructions to return to ED if neurological signs/symptoms, dyspnea, dysphonia or odynophagia develops or worsens.
TRAINING INSTITUTE on STRANGULATION PREVENTION
StrangulationTrainingInstitute.com
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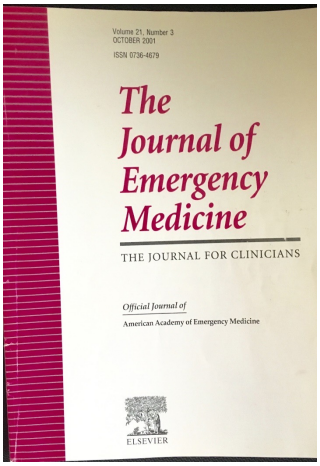
Protocol of Care for the Strangled Victim discussed in 2001



- No formal algorithms or protocols were found in the articles and texts reviewed.
- Proposed clinical options in the

Table 1. Clinical Evaluation Methods for Patients Who Have Been Strangled

Pulse oximetry
Chest X-ray
Nasal X-ray
Soft tissue neck X-ray
Cervical spine X-rays
Computed axial tomography (CT) of the neck
Magnetic resonance imaging (MRI) of the neck
Carotid doppler ultrasound
Pharyngoscopy
Fiberoptic laryngobronchoscopy

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2013:

Advanced Emergency Nursing Journal
Vol. 35, No. 4, pp. 314–327

Strangulation Forensic Examination
Best Practice for Health Care Providers

Diana Faugno, MSN, RN, CPN, SANE-A, SANE-P FAAFS, DF-IAFN
Daria Waszak, MSN, RN, CEN
Gael B. Strack, JD
Melodie Ann Brooks, MSN, RN, SANE-A, SANE-P
Casey G. Gwinn, JD

ABSTRACT
Strangulation is one of the most dangerous forms of interpersonal violence (IVP), yet it is often not reported and missed by the health care provider because of lack of visible injury. The victim of strangulation can have critical injuries and a late onset symptoms. Victims of IVP should be directly asked whether they were choked or whether during the assault they felt like they could not breathe because of pressure on their neck. The objective of this article is to summarize "best practice" for health care providers so that they are better prepared to care for victims who report a history of strangulation. A summary of how to perform a forensic examination of the strangled patient is provided along with important documentation takeaways and useful forms to ensure that the severity of the strangulation is assessed, that critical injuries are identified, and that all injuries and findings are accurately documented for legal proceedings. **Key words:** choking, interpersonal violence, sexual assault, strangulation

STRANGULATION, ONE of the best predictors of homicide, is present in 10% of traumatic deaths (Strack & Gwinn, 2011). It is estimated that only 11 lb of pressure applied to both carotid arteries for 10 s leads to unconsciousness. Brain death can result if this pressure is sustained for 4–5 min (McCance & Heuther, 2010; Strack & McClane, 1999). More than half of states have a statute specific to strangulation; yet, it can be minimized or not reported at all by victims (Turkel, 2010). Although strangulation can occur with a small amount of pressure to the neck, it can be easily missed by a health care provider because there may be no physical findings. Lack of visible injury or delayed or vague signs and symptoms contribute to the lack of reporting and make evaluation difficult and challenging (Clarot, Vat, Papin, & Proust, 2005; Taillaferro, Hawley, McClane, & Strack, 2009). Despite this, the victim may have serious internal injuries, such as respiratory or neurological disorders that require medical observation or treatment. In fact, victims of strangulation may die several days or even weeks after the event (Gwinn, McClane, Shamo-Hogan, & Strack, 2004).

More expertise is needed to properly identify and examine victims of nonfatal

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Disclosure: The authors report no conflicts of interest.
Corresponding Author: Daria Waszak, MSN, RN, CEN, 493 Ridgewood Avenue, Staten Island, NY 10312 (dariasusy@yahoo.com).
DOI: 10.1097/TME.0b013e3182aa05a5

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Why Didn't Someone Tell Me? Health Consequences of Strangulation Assaults for Survivors

by Gael B. Strack, J.D., Casey Gwinn, J.D., Dr. Dean Hawley, Dr. William Green, Dr. Bill Smock, and Dr. Ralph Riviello*

"Why didn't someone tell me?" she said with tears running down her face. We were in Longview, Washington, providing a four-hour training to police, prosecutors, medical professionals, and advocates. As we broke for lunch, an unidentified woman came up to me and said, "You need to hear my story." I (Casey) said, "Tell me your story."

As she spoke, she was angry and deeply troubled. She said she was 52 years old and in a healthy, happy 30-year relationship. But she said that when she was 19 she became involved with an abusive boyfriend. She said she had been strangled nine times to unconsciousness, but she always recovered. She said that after two years, she left him and never looked back. But then she began to shake. She said, "Four years ago, I had my first cryptogenic stroke. Two weeks ago, I had my third cryptogenic stroke. I survived, but my neurologist told me that if I have one more brain bleed, he thinks it will kill me." Now, she was crying and shaking. She said, "He is going to kill me 30 years after he abused me!" And then she looked right at me and said, "Why didn't someone tell me? I deserved to know and now I am going to die." All I could muster was, "We didn't know 30 years ago. I am so sorry." And I hugged her. She was right though. She deserved to know the potential consequences of being strangled. All victims deserve to know, but very few professionals are telling them.

Whether we meet them at a training on strangulation, during a focus group when developing a Family Justice Center, after getting a protection order at our Legal Clinic, or during an emergency room visit, we have found that victims are unaware of the long-term health consequences of being strangled by their abusers.

In 2011, the Maine Coalition to End Domestic Violence conducted a statewide survey on strangulation.[1] They sought feedback from victims who were strangled by an intimate partner. One hundred fifty-one survivors participated. The survey found 72.8% of the participants had been previously strangled; 79.3% reported being strangled more than once; 66.4% reported being strangled to the point of unconsciousness; 84.1% reported also being

In 2014, the Georgia Coalition Against Domestic Violence conducted a similar assessment with a total of 115 participants with remarkably similar results.[2] Of the 80% of participants who had previously been strangled, 61% had been strangled two to three times; 15% between four and 10 times; and 7% indicated they had been strangled more than 10 times. Additional research notes that victims of multiple strangulation who have experienced more than one strangulation attack, on separate occasions, by the same abuser, reported neck and throat injuries, neurologic disorders and psychological disorders with increased frequency.

Today, it is unequivocally understood that strangulation is one of the most lethal forms of domestic violence. Strangulation can produce minor injuries, serious bodily injury, or death. Yet evidence of the assault can be difficult to detect because many victims may not have visible injuries and/or their symptoms may be nonspecific. In the San Diego City Attorney Study of 300 cases in 1995,[3] the largest study to date, 50% of the victims had no visible injuries at all.

*Dean Hawley, M.D., is a forensic pathologist

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2016 Toolkit from IAFN

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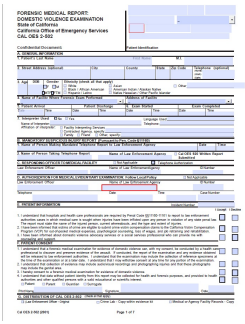
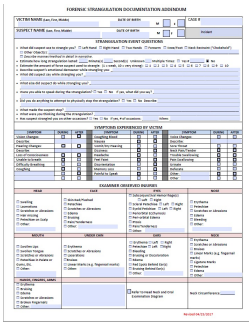
Documentation forms





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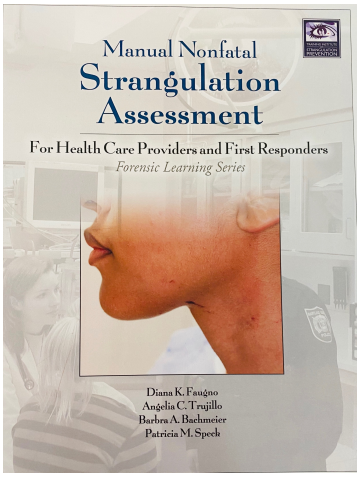
Manual Nonfatal Strangulation Assessment for Health Care Providers and First Responders 2017/2020



- "Tell me and I forget. Teach me and I may remember. Involve me and I learn." Benjamin Franklin
- Update in the works.
- Scheduled to come out in 3-4 months.

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What every nurse should recognize

STRANGULATION:
What every nurse must recognize

Patients who've been strangled are at risk for negative outcomes, both medical and psychological. Learn how to spot the signs and symptoms, and how best to care for these patients.

- www.nursingmadeincrediblyeasy.com
- Scannell, MacDonald & Foster
- Dec 2017 – discovered 2018
- Screening
- Signs and Symptoms
- A note on pregnant women
- Documentation
- Discharge and Follow

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SAFE-T Kit

Non Fatal Strangulation Tool Kit:

The SDFI Strangulation Assessment and Forensic Evaluation Toolkit, **SDFI SAFE-T** is intended for use by **healthcare professionals who are providing care to adults, adolescents and/or children following a strangulation event.**

25 Strangulation Toolkits in each box. Each SDFI SAFE-Toolkit (T) includes everything you need to evaluate & collect evidence from one strangulation case. **Each SAFE-T Kit includes a Surgical Marker, a Hair Tie, Bookend Card(s), Cotton Swabs, Forensic Hand Map(s), Measuring Scales, Evidence Envelopes and Seals.**

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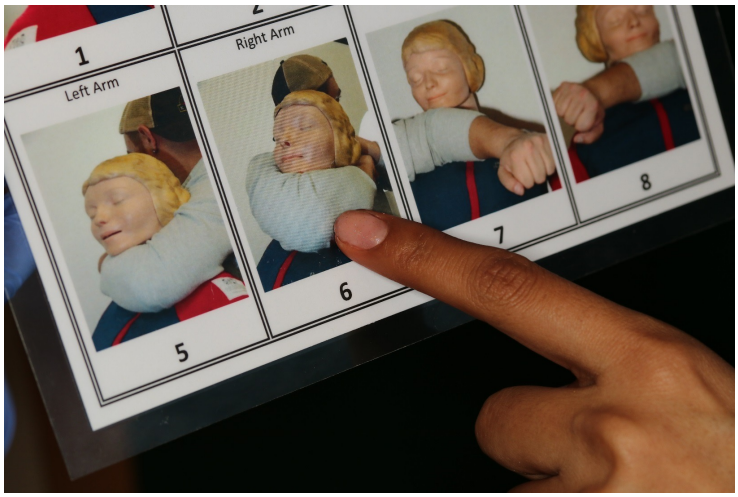
SDFI.Com-NonFatal Photographic Protocol-take a picture for your records



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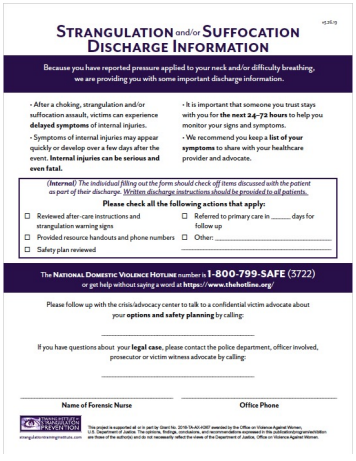
2019 - Adult Strangulation and/or Suffocation Discharge Information (link here)



STRANGULATION and/or SUFFOCATION DISCHARGE INFORMATION

Because you have reported pressure applied to your neck and/or difficulty breathing, we are providing you with some important discharge information.

- After a choking, strangulation and/or suffocation assault, victims can experience **delayed symptoms** of internal injuries.
- Symptoms of internal injuries may appear quickly or develop over a few days after the event. **Internal injuries can be serious and even fatal.**
- It is important that someone you trust stays with you for **the next 24–72 hours** to help you monitor your signs and symptoms.
- We recommend you keep a **list of your symptoms** to share with your healthcare provider and advocate.

(Internal) The individual filling out the form should check off items discussed with the patient as part of their discharge. Written discharge instructions should be provided to all patients.

Please check all the following actions that apply:

- ☐ Reviewed after-care instructions and strangulation warning signs
- ☐ Provided resource handouts and phone numbers
- ☐ Safety plan reviewed
- ☐ Referred to primary care in _____ days for follow up
- ☐ Other: _____

The **NATIONAL DOMESTIC VIOLENCE HOTLINE** number is **1-800-799-SAFE** (3722) or get help without saying a word at **https://www.thehotline.org/**

Please follow up with the crisis/advocacy center to talk to a confidential victim advocate about your **options and safety planning** by calling:

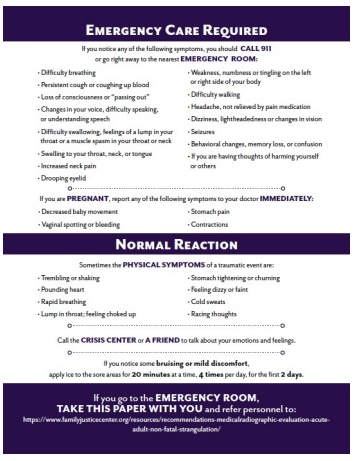
_____

If you have questions about your **legal case**, please contact the police department, officer involved, prosecutor or victim witness advocate by calling:

_____

_____ Name of Forensic Nurse

_____ Office Phone



EMERGENCY CARE REQUIRED

If you notice any of the following symptoms, you should **CALL 911** or go right away to the nearest **EMERGENCY ROOM:**

- Difficulty breathing
- Persistent cough or coughing up blood
- Loss of consciousness or "passing out"
- Changes in your voice, difficulty speaking, or understanding speech
- Difficulty swallowing, feelings of a lump in your throat or a muscle spasm in your throat or neck
- Swelling to your throat, neck, or tongue
- Increased neck pain
- Drooping eyelid
- Weakness, numbness or tingling on the left or right side of your body
- Difficulty walking
- Headache, not relieved by pain medication
- Dizziness, lightheadedness or changes in vision
- Seizures
- Behavioral changes, memory loss, or confusion
- If you are having thoughts of harming yourself or others

If you are **PREGNANT**, report any of the following symptoms to your doctor **IMMEDIATELY:**

- Decreased baby movement
- Vaginal spotting or bleeding
- Stomach pain
- Contractions

NORMAL REACTION

Sometimes the **PHYSICAL SYMPTOMS** of a traumatic event are:

- Trembling or shaking
- Pounding heart
- Rapid breathing
- Lump in throat; feeling choked up
- Stomach tightening or churning
- Feeling dizzy or faint
- Cold sweats
- Racing thoughts

Call the **CRISIS CENTER** or **A FRIEND** to talk about your emotions and feelings.

If you notice some **bruising or mild discomfort**, apply ice to the sore areas for **20 minutes** at a time, **4 times** per day, for the first **2 days**.

If you go to the **EMERGENCY ROOM**, **TAKE THIS PAPER WITH YOU** and refer personnel to: https://www.familyjusticecenter.org/resources/recommendations-medicalradiographic-evaluation-acute-adult-non-fatal-strangulation/

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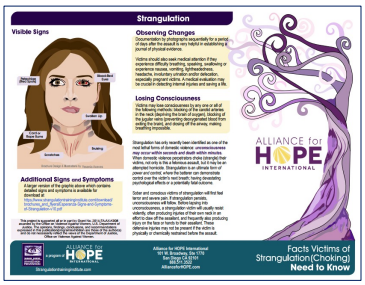
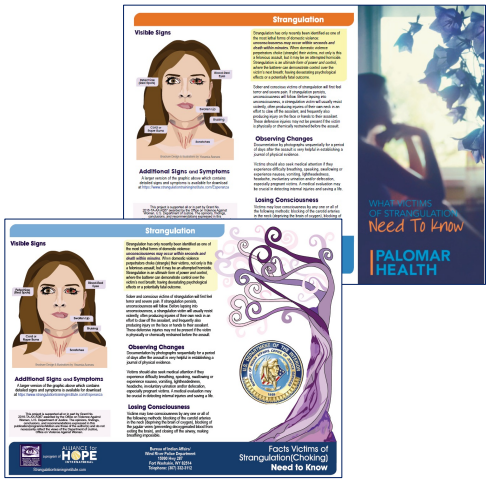
Custom Victim Brochures





48 custom brochures from Jan – Dec 2019!

Over **135** communities now have custom brochures!

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How to get your own brochure:

- Email tisp@allianceforhope.com the following:
  - **High resolution** color logo in png, eps or jpeg (not a scanned logo or downloaded logo from the internet). Send your **Contact information** that you want to appear on the brochure (i.e. for victims to get help)
- You can also access a digital copy of the Alliance Brochure from our website/dropbox.

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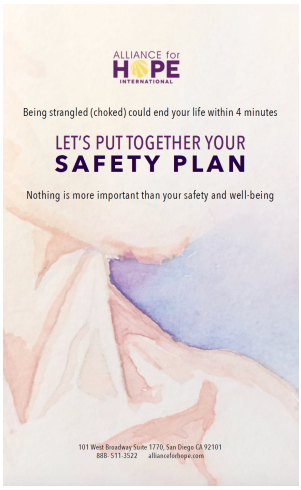
New Safety Planning Brochure



When domestic violence perpetrators strangle (choke) their victims, this could be considered attempted homicide, not only a felonious assault. Strangulation is an ultimate form of power and control, where the batterer demonstrates control over the victim's next breath; having devastating psychological effects and a potentially fatal outcome.

A SMALL AMOUNT OF PRESSURE AROUND THE NECK CAN RESULT IN LOSS OF CONSCIOUSNESS IN LESS THAN 10 TO 20 SECONDS, AND CAN CAUSE DEATH WITHIN 4 MINUTES.

Victims of non-fatal strangulation are at a higher risk of being re-assaulted and killed by their abuser/perpetrator. In order for service providers to provide critical services, victims need to know as much as possible about the immediate and delayed health consequences of strangulation to help them understand the need for medical assistance; even when no visible injuries are present.

Safety **BEFORE** Strangulation

- Educate yourself on the seriousness of strangulation.
- If your abuser/perpetrator has threatened to strangle, choke or suffocate you in the past, take them seriously. Stopping someone's breathing has serious health consequences and means an abuser/perpetrator is very dangerous.
- If your abuser/perpetrator talks about using strangulation/choking during sex or as "play," take this seriously for the health reasons mentioned previously.
- If strangulation is imminent try to remove scarves, jewelry etc.
- If possible, avoid rooms like the bedroom, and bathroom where the risk for suffocation by pillow or drowning may increase.
- Hide any loose strings or cords that could be easily picked up and used to strangle.
- If comfortable, learn self-defense strategies to try to stop your abuser/perpetrator from strangling, like pressing your chin to your chest to block hands/arms from tightening and kneeing the abuser/perpetrator in the groin.
- If you can sense abuse coming, then you can try to manage it by implementing your safety plan (i.e. leave the home, tell someone you trust, ask someone to check on you, leave the room etc.)
- Know the triggers.
- Remain calm and trust your judgment.
- If you have more questions connect with a victim advocate for additional support and safety planning.
- Keep this document in a safe place away the abuser/perpetrator.

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Thank you to our Presenters

Mary Claire Landry

Executive Director

New Orleans Family Justice Center

Suzann Stewart

Executive Director

Family Safety Center of Tulsa

Kathy Bell

Forensic Nursing Administrator

Tulsa Police Department

familyjusticecenter.org

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ALLIANCE for HOPE

CREATING PATHWAYS TO HOPE

Certificate of Participation

Webinar Training

Forensic and Health Services in FJCs: Successful Models and Promising Practices

Presenters: Mary Claire Landry, Andy Mahoney, Suzann Stewart & Kathy Bell

1.5 Hours

August 3, 2021

Casey Gwinn, J.D.
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