

Welcome to the National Family Justice Center Alliance January Webinar!

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

- The presentation will begin promptly at 10:00 a.m. Pacific Time
- If you are experiencing technical difficulties, email natalia@nfjca.org
- To LISTEN to the presentation on your phone, dial (415) 363-0076 Access Code: 993-614-748 or listen on your computer speakers
- Attendees will be muted throughout the presentation
- To send questions to the presenter during presentation:
 - Click on “Questions” in the toolbar (top right corner)
 - Type your comments & send to presenter
- There will be a Q & A session at the end of the presentation.
- The presentation will be recorded & posted on www.familyjusticecenter.com
- Please complete the evaluation at the end of the presentation. We value your input.



Your host today:



Gael Strack, J.D.
CEO

Family Justice Center Alliance



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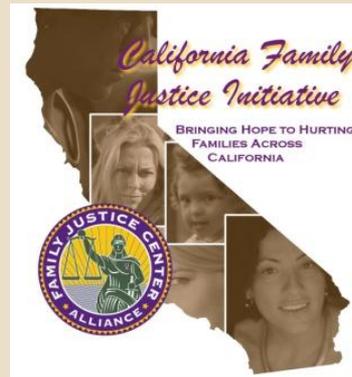


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Thank you to the US Department of Justice, Office on Violence Against Women!

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Advanced Strangulation Course

- Only course of its kind!
- February 4 – 7, 2014
- San Diego, CA
- This four-day course is open to multi-disciplinary professionals working with surviving victims of near-fatal strangulation
- To learn more and register, go to:
www.familyjusticecenter.com or
www.regonline.com/strangulation



2014 International Family Justice Conference – San Diego April 2-4, 2014



Join us at the San Diego Hilton Bayfront Hotel!

Go to www.familyjusticecenter.com to

Register!



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Webinar Download Reminders

This webinar presentation is being recorded and will be posted on our website by close of business

If you would like to access our new Resource Library, please visit our website at www.familyjusticecenter.com and click on “**Resources**” tab → “**Resource Library**”.



California Continuing Education

- This session is approved for .5 Continuing Education Units (CEU). The Family Justice Center Alliance is a California approved provider of CEUs for MFT, LCSW, LEP, LPCC (Provider #5095)
- Professionals in states outside of California should check with their own state board to determine whether these credits are approved in their jurisdiction.
- A checklist detailing how to obtain the credit will be included in the course materials and available for download.
- The checklist will also be emailed after the webinar training.



Today's Presenters:



Sara Wee, MPH

Public Health Program Associate,
National Family Justice Center Alliance



Dr. Ralph Riviello, MD, MS, FACEP
Professor, Drexel University College of
Medicine; Director, Division of Forensic
Emergency Medicine, Department of
Emergency Medicine



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*Addressing the Health Needs of
Survivors:
Scope of the problem
Part I*



Agenda

- Review the literature
- Overview of Alliance Health Initiative & Health Survey results
- Medical perspective and current practices
- Identifying chronic/unmet health needs
- Present available health assessment tools
- Strategies for engaging the Health Sector



Learning Objectives

- List at least three major health consequences of domestic violence.
- Describe the role multi-service organizations can play in addressing health.
- Identify key indicators of unmet/chronic health needs and health assessment tools.
- Articulate accomplishments and gaps in healthcare screenings for DV.
- Increase understanding about the healthcare sector and engaging them as partners.
- Describe how you can apply assessment tools, health resources, and/or program models to your FJC or organization's scope of work.



Poll

- Who do we have with us today?
 - Advocate or DV professional
 - Counselor/Therapist
 - Medical Professional
 - Law Enforcement, Attorney, Prosecutor
 - Other



Poll

- Have you received training on health and domestic violence?
 - Yes
 - No



Poll

- How comfortable are you in supporting the long-term, chronic, or “non-acute” health needs of survivors?

1= Not at all Comfortable

2= Somewhat Comfortable

3= Fairly Comfortable

4= Very Comfortable



What we know

- Affects nearly every aspect of health:
 - Injury
 - Indirect effects via chronic stress
 - Poor pregnancy outcomes
 - Self-report lower health than average
 - Engage in health-risk behaviors (coping)



What we know

HIV/AIDS
Chronic Pain
Broken Bones Pelvic Pain
Substance Abuse Suicidal Ideation
Bladder Infections
STIs Migraines High Risk Behaviors Knife Wounds
Headaches Diet Nutrition Circulatory Conditions
Joint Disease Unintended Pregnancy Irritable Bowel Syndrome
Depression Emotional Detachment Central Nervous System Disorders Back Pain
Gastrointestinal Disorders Fibromyalgia Pelvic Inflammatory Disease
Pregnancy Difficulties Bruises Gynecological Disorders
Overuse of Health Services Traumatic Brain Injury Sleep Disturbances
Asthma Anxiety Sexual Dysfunction Preterm Delivery
Cardiovascular Disease Flashbacks
PTSD Antisocial Behavior
Delayed Care
Low Self-Esteem



What we know

3 times

more likely to have reproductive health complications than non-victims.



What we know

	DV	No DV
Chronic Illness (%)	88%	70%



What we know

48%

of women who are abused will also experience
depression.



What we know



What we know

Are more likely to suffer from

Postpartum depression



What we know

“Women who are abused are frequently treated within health-care systems, however, they ***generally do not present with obvious trauma, even in accident and emergency departments.***”
(Campbell, 2002)



What we know

- **9 to 22%** of abused women will seek medical treatment at some point.
- DV victims make up a significant proportion of people using **Emergency Rooms.**
- Health care costs are over **2x** that of never-abused women (>\$4,500).
- A recent update estimates economic costs from IPV at **\$8.3 billion.**



What we know

Affordable Care Act guarantees screening and brief counseling for DV in Women's Preventive Services Guidelines:
[\(Health Resources & Services Administration\)](#)

When asked, victims are 2x as likely to disclose abuse to providers.
(Rhodes et al., 2012)



Alliance Resources

The Affordable Care Act & Covered CA:
Resources for FJCs



FJC Directors Webinar

**THE AFFORDABLE CARE ACT:
WHAT YOU NEED TO KNOW ABOUT HEALTH REFORM**

(THIS IS AN INTERACTIVE PDF. [CLICK ON GRAPHIC ELEMENTS](#) TO OPEN WEB-LINKS FOR MORE INFORMATION.)

OVERVIEW
The Affordable Care Act (ACA) focuses on increasing the number of Americans who have health insurance by reducing costs and restrictions to insurance through Insurance Exchanges, expanding Medicaid benefits to more people, requiring businesses with 50 or more employees to provide insurance to their workers, and offering preventive services at no cost, giving special attention to women and children. (For more information, see the [Kaiser Family Foundation](#) report).

MEDICAID EXPANSION
More people will be eligible to enroll in Medicaid: All childless, non-Medicare eligible adults (under age 65) whose income is up to 133% of the Federal Poverty Level.

**133% OF THE FEDERAL POVERTY LEVEL:
WHAT DOES THAT MEAN?**

Single person = up to **\$15,281 PER YEAR**

Family of 3 = up to **\$25,974 PER YEAR**

CLICK THE MAP BELOW
for an integrative map and learn about your State's Medicaid Expansion program.

STATE HEALTH INSURANCE EXCHANGES¹¹
How you'll get insurance if you aren't covered by your employer.
Beginning **OCTOBER 1st** states will begin offering qualified health insurance plans to residents through "Marketplaces" (online shopping websites, think Kayak, or Amazon.com). Once individuals enroll, they will begin to **RECEIVE COVERAGE BY JANUARY 1 OR APRIL 1, 2014**, depending on when they enroll.

WHAT HEALTH PLANS MUST COVER

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management
10. Pediatric services, including oral and vision care

FIND YOUR STATE'S HEALTH EXCHANGE¹²

California Colorado Connecticut
District of Columbia
Hawaii Idaho
Kentucky Maryland
Massachusetts Minnesota
Nevada **NEW MEXICO**
New York **OREGON**
Rhode Island Utah
Vermont Washington

DON'T SEE YOUR STATE?
Some states are creating "PARTICIPATING" MARKETPLACES where they will tailor the Federal Exchange Marketplace to their needs: Arkansas, Delaware, Illinois, Iowa, Michigan, New Hampshire, West Virginia

All other states will participate in the **FEDERAL EXCHANGE MARKETPLACE**

Individual Mandate¹³
People who do not currently have insurance through their employer, Medicaid, Medicare, or Veterans Affairs programs are required by law to purchase insurance through the State or Federal Exchanges. Those who do not will have to pay a **PENALTY**.

Penalty = 1% of your income or \$95
(whichever is greater)
The penalty increases every year.

Who is affected?
All adults must purchase insurance for themselves and their families. Women's incomes expanded coverage, maternity benefits, and no-cost preventive services. Children¹⁴ up to age 26 can stay on their parents' health plans and extend funding for the Children's Health Insurance Program (CHIP) until 2015. Illegal immigrants¹⁵ are not eligible for the Medicaid expansion or Exchanges. Low income communities¹⁶ will benefit from \$11 billion given to Community Health Centers to improve and expand services. Employers¹⁷ with 50 or more employees will be required to provide insurance.

Preventive Services Covered Under the ACA¹⁸
Screenings, tests, exams and treatments may depend on age, sex, or risk status.

Adults
Cervical Cancer, Blood Pressure, Cholesterol, Alcohol Use, Aspirin, Type 2 Diabetes, Breast Cancer, Hemoprevention, Cervical Cancer

Women
Depression, Anemia, Cervical Dysplasia, Cervical Cancer, Blood Pressure, Hemoprevention, Cervical Cancer

Children
Depression, Cervical Dysplasia, Blood Pressure, Hemoprevention, Cervical Cancer

RESOURCES
A RESOURCE GUIDE PRODUCED BY THE NATIONAL FAMILY JUSTICE CENTER ALLIANCE
FAMILYJUSTICECENTER.COM

Info Graphic: What you need to know about the ACA



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Gaps

DV screening by “IPV specialists” (navigators) improved victim satisfaction with healthcare.

- **Screening was not sustainable when the specialist was removed.**

Dental care is a high area of need: 70% report a need.

- **Only 13% were asked about needs.**

Screening in clinical setting increases the identification of DV.

- **Not sufficient evidence to show increases in referrals to service orgs, enhanced safety.**

Home visitation programs (e.g. Nurse Family Partnership) are well-equipped to provide for DV assessment and on-going care for basic health needs.

- **DV advocacy training, organizational support, and addressing medical mandated reporting are needed.**



Why care?

Advocates:

- Long-term safety
- Economic Abuse
- Generational Cycle of abuse



Why care?

Health Care Providers

- Long-term consequences (strangulation)
- High-frequency healthcare users
- High healthcare costs
- Compliance with health maintenance
- Patient-provider communication (trauma-informed care)



Help survivors understand what they're experiencing.

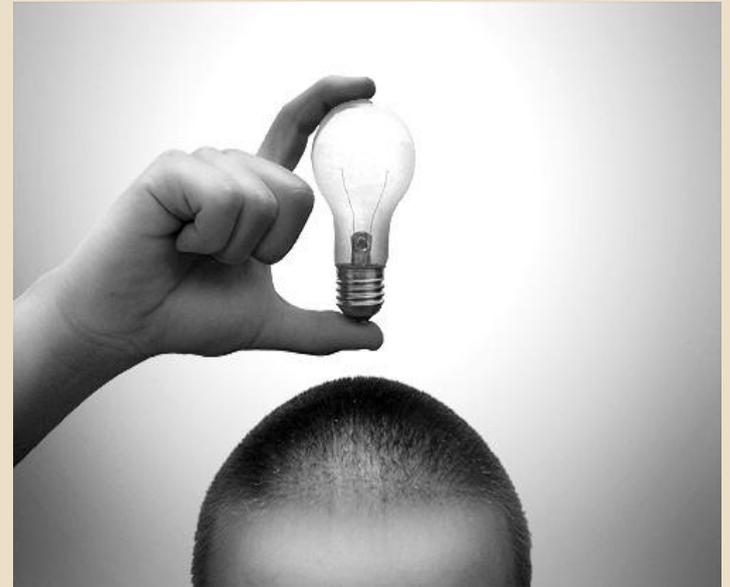
- Health can be a tool FOR empowerment.



Health Initiative: An idea

Medical Expert Focus Group:

- On-site health clinics are possible.
- Organizations with forensic medical units or SARTs have the capacity to serve broader health needs.
- Each organization needs to tailor health services to their clientele – Identify a health priority.
- Partnership building is a first and vital step.



Health Initiative: An idea

The purpose of our Health Initiative is to assess the health needs of survivors accessing FJC services, and use technical assistance to develop viable models for effective on- and off-site health services.

- **Phase I: Study & Planning**
- **Phase II: Pilot model testing**
- **Phase III: Training & Technical Assistance**



Health Initiative: Survey

Survey Objectives

1. Assess survivors' health needs/concerns.
2. Assess survivors' access and barriers to health services.
3. Identify promising medical/health models for FJCs.



Family Justice Center Alliance Health Needs Survey

Date: _____

This is a survey to help the Family Justice Center Alliance understand more about the health needs of our clients. The survey is completely voluntary and confidential.

You do NOT have to answer any question that makes you feel uncomfortable.

Demographics				
Age	Gender	Ethnicity	Primary Language	Employment Status
_____ years	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Other	<input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Other	<input type="checkbox"/> Arabic <input type="checkbox"/> ASL <input type="checkbox"/> Cambodian <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other	<input type="checkbox"/> Not working <input type="checkbox"/> Student <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/> Military <input type="checkbox"/> Working part-time <input type="checkbox"/> Working full-time
Education		<input type="checkbox"/> Less than high school <input type="checkbox"/> High school diploma/GED <input type="checkbox"/> Some college <input type="checkbox"/> Completed college degree <input type="checkbox"/> Advanced professional degree		
Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		How long have you been coming to this Family Justice Center? <input type="checkbox"/> This is my first visit <input type="checkbox"/> I come for occasional services <input type="checkbox"/> I use on-going services (therapy, etc.)
Insurance Coverage				
1. Do you currently have health insurance coverage? <input type="checkbox"/> Yes, through my work <input type="checkbox"/> Yes, through someone else's work (like a spouse or parent) <input type="checkbox"/> Yes, I purchase private insurance <input type="checkbox"/> Yes, I have public or state insurance (Medicaid, Medicare) <input type="checkbox"/> Yes, I have Indian Health Service coverage <input type="checkbox"/> Yes, through the military <input type="checkbox"/> No, I do not currently have any insurance				
2. If yes, what does your insurance cover? Check all that apply. <input type="checkbox"/> Health <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> Don't know / not sure <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor				
3. In general, how would you rate your health? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor				
4. Do you have a primary care doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last visit? _____ (month/year)				
5. Have you experienced or has a doctor told you that you have any of the following PHYSICAL HEALTH conditions? <input type="checkbox"/> Headaches <input type="checkbox"/> Heart disease or heart attack <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Fatigue <input type="checkbox"/> Thyroid problems <input type="checkbox"/> Diabetes <input type="checkbox"/> Constant pain <input type="checkbox"/> Liver disease <input type="checkbox"/> Asthma <input type="checkbox"/> Stomach ulcers <input type="checkbox"/> Arthritis <input type="checkbox"/> Employment <input type="checkbox"/> Physical disability <input type="checkbox"/> Head trauma <input type="checkbox"/> Cancer type <input type="checkbox"/> Irritable Bowel Syndrome <input type="checkbox"/> Hearing loss <input type="checkbox"/> Other				
6. Have you experienced or has a doctor told you that you have any of the following SEXUAL HEALTH conditions? <input type="checkbox"/> Sexually Transmitted Diseases <input type="checkbox"/> Vaginal Infections <input type="checkbox"/> Urinary Tract Infections (e.g. Chlamydia, Gonorrhea) <input type="checkbox"/> Pelvic Pain <input type="checkbox"/> Bladder infections <input type="checkbox"/> Other <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Painful intercourse (sex) <input type="checkbox"/> Problems with pregnancy				
7. Are any of the above health concerns related to your experience of violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know				
8. Have you received treatment for any of these health concerns in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
9. Is anything preventing you from receiving or following up with treatment? Check all that apply. <input type="checkbox"/> No, I receive regular care <input type="checkbox"/> Too expensive <input type="checkbox"/> Transportation is difficult <input type="checkbox"/> No insurance / insurance does not cover <input type="checkbox"/> Clinic hours, scheduling, or wait times are hard for me <input type="checkbox"/> Other				
10. Have you gone to the Emergency Room in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No				

11. Have you been prescribed medication in the last 12 months? Yes No

12. If yes, are there any barriers to taking your medication as your doctor instructed? (Check all that apply)
 Too expensive
 Transportation (it is difficult to travel to a pharmacy)
 No insurance / insurance does not cover
 I am not sure how I need to take it
 Other

13. Are you currently using a birth control method (condoms, birth control pill, etc.)?
 Yes, regularly No, but I would like to receive services No, not interested N/A

Psychiatric History

14. In general, how would you rate your mental health?
 Excellent Good Fair Poor

15. Have you experienced any of the following MENTAL HEALTH symptoms? Check all that apply.
 Anxiety Changes in Appetite Long periods of sadness / depression Trouble Sleeping (insomnia)
 Panic Attacks Hearing Voices Difficulty controlling behavior
 Anger / Temper Changes in sexual desire Difficulty controlling emotions
 Low Self-Esteem Avoiding people or situations Nightmares
 Flashbacks Other

16. Are any of the above mental health concerns related to your experience of violence?
 Yes No Don't know

17. Have you gone to see a mental health professional for these symptoms in the past 12 months?
 Yes No N/A

18. Is anything preventing you from receiving or following up with MENTAL HEALTH care?
 No, I receive regular care
 Too expensive
 Transportation is difficult
 No insurance / insurance does not cover
 Clinic hours, scheduling, or wait times are hard for me
 Services for my children
 Other

19. On average, how many drinks per week do you drink alcohol?
 I do not drink alcohol 1 day 2 days 3 days 4 days 5 days 6 days 7 days

20. On a typical drinking day, how many drinks do you have?
 1 drink/day 2 drinks/day 3 drinks/day 4 drinks/day 5+ drinks/day

21. On average, how many times per week do you use recreational drugs (marijuana, cocaine, prescription drugs, etc.)?
 No, never 1-3 cigarettes per week 1-3 cigarettes per day 1 pack per day 1 pack per day 1 pack per day

22. Do you smoke?
 No, never 1-3 cigarettes per week 1-3 cigarettes per day 1 pack per day 1 pack per day

23. Do you have any difficulty getting around or performing daily tasks due to physical, mental, or emotional health?
 Yes No

24. If yes, do you have someone (family, friend, professional) who helps you with your health needs?
 Yes No

Dental/Vision

25. Do you have any current DENTAL concerns?
 Cavities Tooth decay
 Gum sensitivity or bleeding Broken or missing teeth
 Frequent tooth pain Other

26. Have you gone to see a DENTIST in the past 12 months? Yes No

27. Is anything preventing you from receiving or following up with DENTAL care? (Check all that apply)
 No, I receive regular care
 Too expensive
 Transportation is difficult
 No insurance / insurance does not cover
 Clinic hours, scheduling, or wait times are hard for me
 Other

28. Do you have any current VISION / EYE problems?
 Near sighted / far sighted Retinal detachment/tearing
 Astigmatism (blurred vision) Sudden loss of vision
 Glaucoma Partial field blindness
 Other

29. Have you gone to see an EYE DOCTOR in the past 12 months? Yes No

30. Is anything preventing you from receiving or following up with VISION / EYE care? (Check all that apply)
 No, I receive regular care
 Too expensive
 Transportation is difficult
 No insurance / insurance does not cover
 Clinic hours, scheduling, or wait times are hard for me
 Other

31. Are any of the above DENTAL AND/OR EYE health concerns related to your experience of violence?
 Yes No Don't know

Preventative Health

32. Have you received any of the following HEALTH SCREENINGS OR EXAMS within the last 12 months?
 Regular dental cleanings/check-ups
 Regular vision screenings
 Pap Smear
 Flu vaccine (shot or nasal spray)
 Mammogram (breast cancer test)
 HPV vaccine (cervical cancer or genital warts vaccine)
 Breast exam (left or right provider administered)
 Blood pressure screening
 Cholesterol screening
 Other

33. On average, how many days per week do you take part in physical activity or exercise for at least 10 minutes?
 0, I do not exercise 1 day 2 days 3 days 4 days 5 days 6 days 7 days Don't know / Not sure

34. During the past 30 days, how often did you drink regular soda or pop, or other sugary juices or drinks (do not include diet soda or 100% fruit juice)?
 More than once a day Once a day 1-2 times per week A few times (less than 5) in the past 30 days

35. Of all the services available at this FJC, what are your MOST IMPORTANT needs? Check the TWO most important.
 Social services (housing, public assistance, etc.)
 Civil or Legal services (restraining orders, court advocacy, etc.)
 Services for my children
 Healthcare
 Counseling or therapy

36. What health related services, if any, would you like the Family Justice Center to offer?
 Vision / eye care
 Dental care
 Women's health / reproductive health / Primary care
 Well-baby check-ups
 Immunizations / vaccines
 Health insurance enrollment
 Preventive health screenings (mammograms, etc.)
 Nutrition
 Mental health
 Substance Abuse Counseling
 Chronic Disease management (Diabetes, high blood pressure, etc.)
 Health Education
 Other

37. Would you like health information and / or services for your children?
 Yes No N/A

38. Any other comments about how the FJC can serve the health needs of survivors?

THANK YOU!

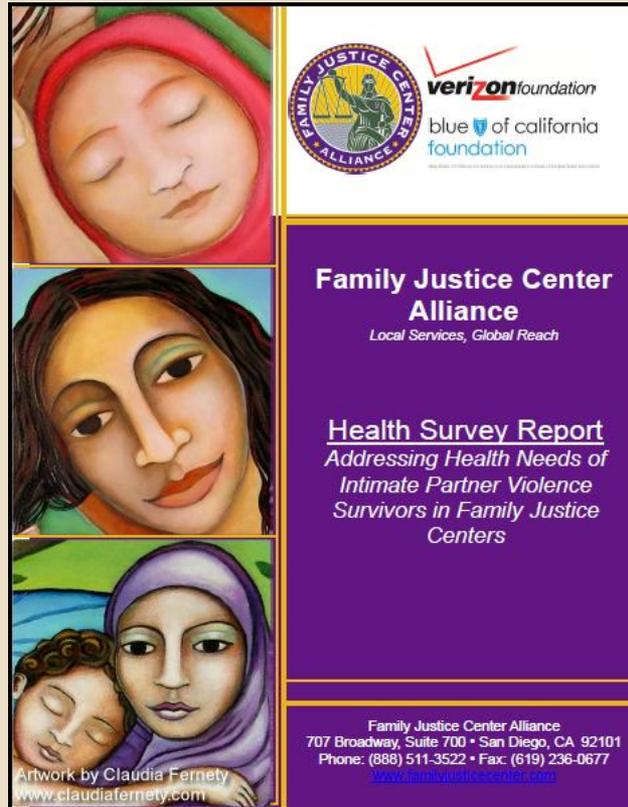
We appreciate your assistance with this survey.

Please return this survey to the DESIGNATED, CONFIDENTIAL AREA. Questions? Please ask an FJC Staff Member or Advocate.

All information will remain completely confidential.



Health Survey Results



 **verizon** foundation
blue of california foundation

Family Justice Center Alliance
Local Services, Global Reach

Health Survey Report
Addressing Health Needs of Intimate Partner Violence Survivors in Family Justice Centers

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Artwork by Claudia Fernely
www.claudiafernely.com



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Poll

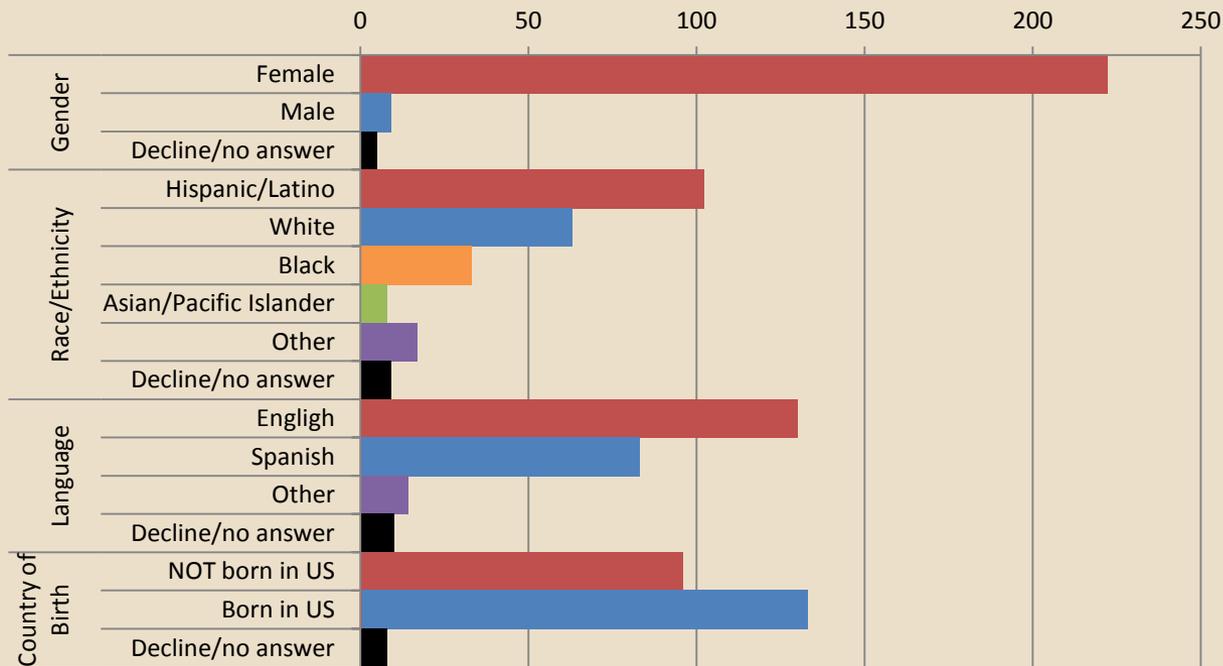
Type it in the chat box!

What health issues or needs do you most commonly see in your work?



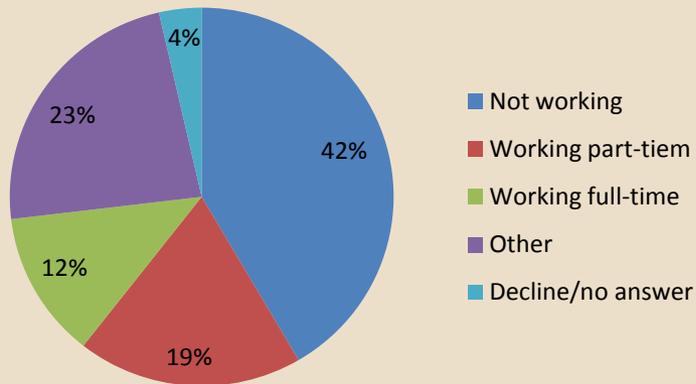
Demographics

Total Participants = 237
From 14 Family Justice Centers
Across 11 states

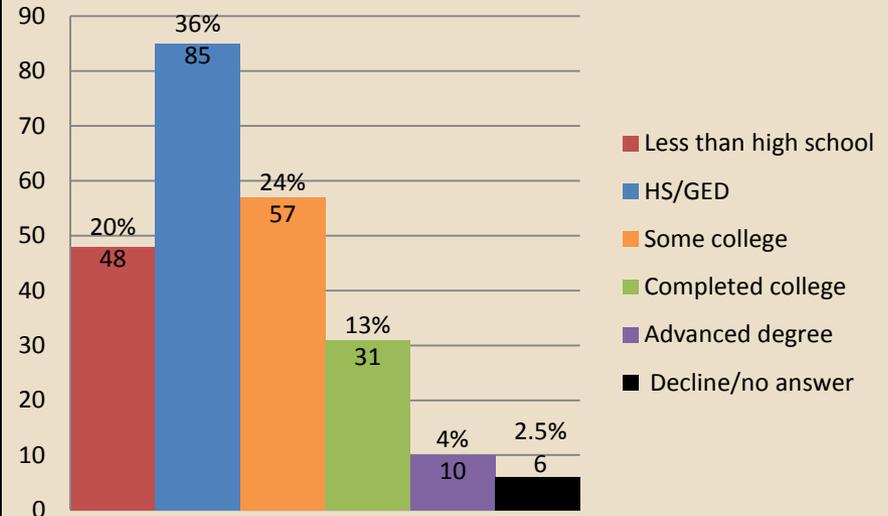


Demographics

Employment



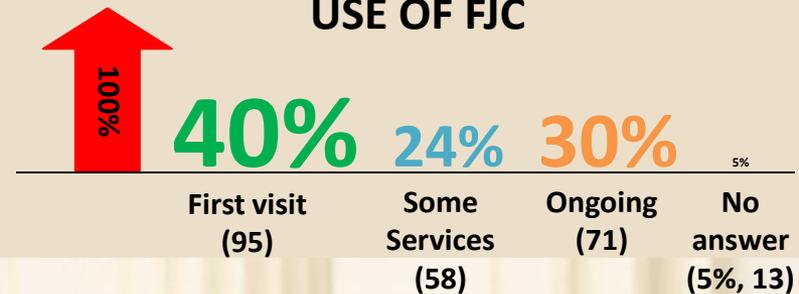
Level of Education



On average, FJC clients have just under 2 children living at home (x=1.91).

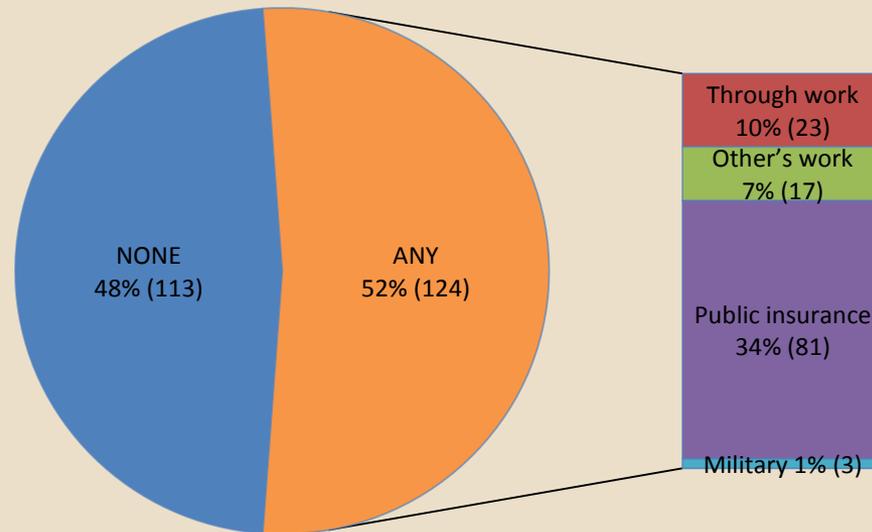
2

USE OF FJC



Insurance

Do You Have Insurance?



How would you rate your physical health?

POOR

FAIR

GOOD

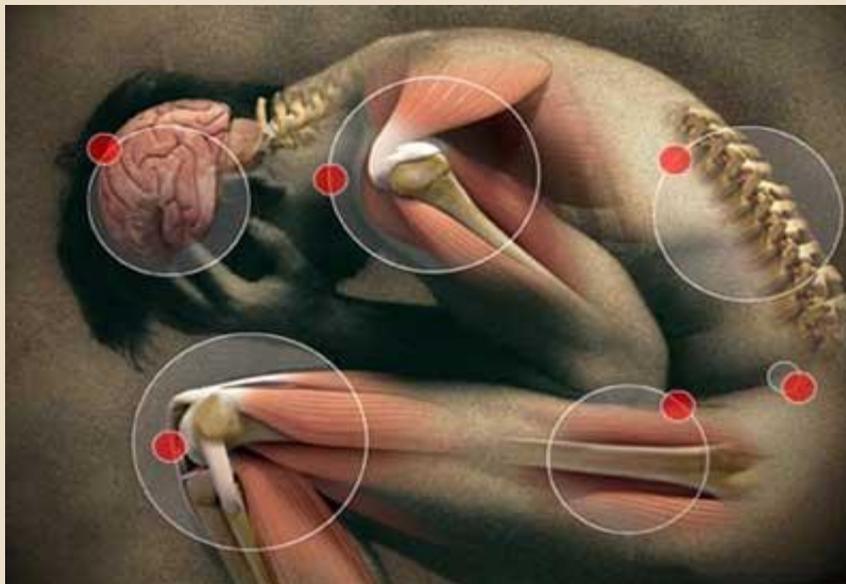
EXCELLENT



Physical Health

HEADACHES (38%)

FATIGUE (24%)



CONSTANT PAIN (16%)

HIGH BLOOD PRESSURE (14.8%)



Physical Health

70% report at least one physical health need.



49% have a primary care provider.



30% saw a doctor in 2013.



HALF have gone to the ER in the past year.



Mental Health

85% report at least one mental health need.



Participants reported an *average of 4* mental health concerns.



Only 1 in 3 saw a mental health professional in the last year.



Dental & Vision Health
emerged as a large unmet need.



Dental Health

2 in 3 participants reported at least one dental concern.

Only 1 in 3 reported visiting a dentist in the last year.



Respondents (1 in 4) have basic dental needs: cavities, gum sensitivity, tooth pain.

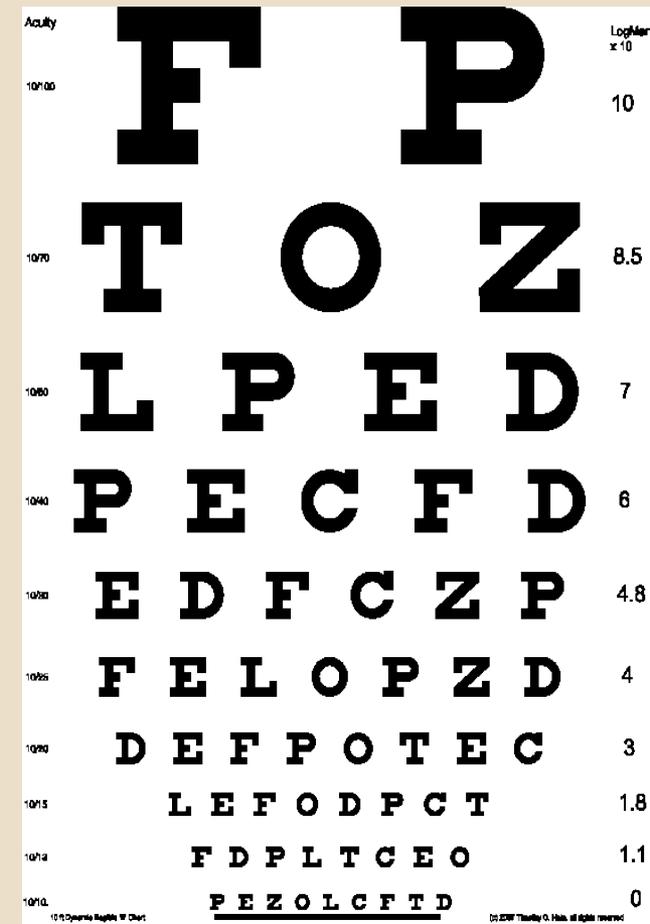


Vision Health

Over half report at least one vision problem.

1 in 4 have seen an eye doctor.

Respondents have basic vision needs: are near / far sighted, astigmatism, blurred vision.



Barriers to Care

52%

71%

83%

77%

Physical



Mental



Dental



Vision



PHYSICAL & MENTAL HEALTH
30% cite Insurance as the main barrier.
15% cite cost.

DENTAL & VISION HEALTH
Almost HALF cite insurance as the main barrier.
1/3 cite cost



Behavioral Health

Stigma:

- Low reports of drinking and drug use
- High non-response
- High rates of smoking
- Average sugar consumption and physical activity

22.4%
FJC sample



16.5%
ALL American
Adult women

40% report drinking
one or more sugary
drinks per day.



[CDC Guidelines](#)

2.3 days of physical
activity (for at least 30
minutes)



[Healthy People 2020](#)



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Preventive Health

60% have received at least one preventive health service in the last year.



Most common services received:

pap smear (38%), dental screenings (25%),
blood pressure (22%), cholesterol screening
(16%), and flu vaccine (16%)



Most Important Services

- 21% Civil/legal + therapeutic services
- 18% Social + therapeutic services

1 in 5 recognize a need for healthcare services



If this FJC offered health services...



43% Dental care

40% Vision care

34% Mental health

30% Women's health

20% Health Insurance enrollment



Alliance Health Initiative: Next Steps

- Pilot Site: Valley CARES FJC
- Documentation
- Annual FJC Conference, April 2 – 4, 2014
 - Breakout Session
 - Friday, April 4th
- Toolkits and Resources
- Expand!

TAKE THE FIRST STEP: Recommendations for FJCs and other Multidisciplinary DV Organizations

- **Engage the health sector as new partners:** Departments of Health, Health and Human Services Administration, local Hospitals and/or community health clinics, etc.
- **Include key health questions into intake and partner agency assessment:**
 - Do you currently have a primary care provider?
 - Have you been the ER in the last year?
 - Do have health insurance/have you enrolled for health insurance under the ACA?

*Resources to address these questions need to be available.
- **Establish protocols to expand assessment and support options** for health concerns during follow-up, or after periods of crisis/trauma.
- **Train staff and volunteers** on non-acute and chronic health issues related to DV.
- **Establish a community Task Force** on Health and DV to tailor future programs and action steps for a FJC or community-based agency



The Medical Perspective

Introducing Ralph Riviello, MD, MS, FACEP!

- Benefits & Barriers to DV Screening by Health Providers
 - Current DV Screening Tools
 - Addressing Health Consequences
 - Engaging the Health Sector



Benefits & Barriers to Routine Screening by Providers



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Routine Screening Recommended by...



ACEP

- Emergency personnel assess patients for intimate partner violence, child and elder maltreatment and neglect.
- Emergency physicians are familiar with signs and symptoms of intimate partner violence, child and elder maltreatment and neglect.
- Emergency medical services, medical schools, and emergency medicine residency curricula should include education and training in recognition, assessment and interventions in intimate partner violence, child and elder maltreatment and neglect.
- Hospitals and emergency departments (EDs) encourage clinical and epidemiologic research regarding the incidence and prevalence of family violence as well as best practice approaches to detection, assessment and intervention for victims of family violence.
- Hospitals and EDs are encouraged to participate in collaborative interdisciplinary approaches for the recognition, assessment and intervention of victims of family violence. These approaches include the development of policies, protocols, and relationships with outside agencies that oversee the management and investigation of family violence.
- Hospitals and EDs should maintain appropriate education regarding state legal requirements for reporting intimate partner violence, child and elder maltreatment.



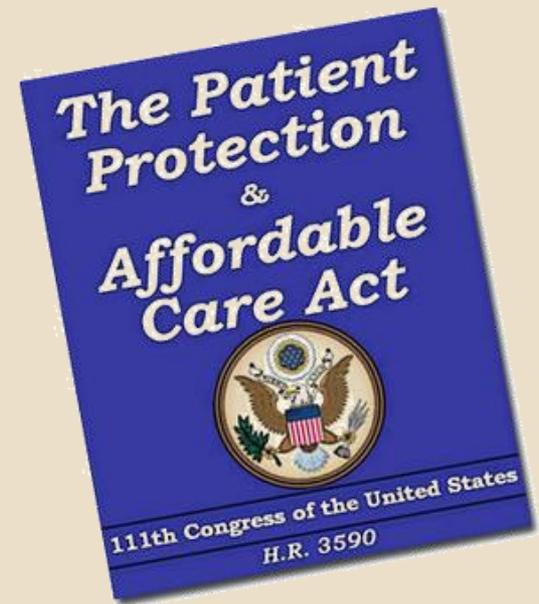
ACOG

- Screen for IPV in a private and safe setting with the woman alone and not with her partner, friends, family, or caregiver.
- Use professional language interpreters and not someone associated with the patient.
- At the beginning of the assessment, offer a framing statement to show that screening is done universally and not because IPV is suspected. Also, inform patients of the confidentiality of the discussion and exactly what state law mandates that a physician must disclose.
- Incorporate screening for IPV into the routine medical history by integrating questions into intake forms so that all patients are screened whether or not abuse is suspected.
- Establish and maintain relationships with community resources for women affected by IPV.
- Keep printed take-home resource materials such as safety procedures, hotline numbers, and referral information in privately accessible areas such as restrooms and examination rooms. Posters and other educational materials displayed in the office also can be helpful.
- Ensure that staff receives training about IPV and that training is regularly offered.



Affordable Care Act

- Affordable Care Act requires many insurance plans cover certain recommended preventive health services without copayment, coinsurance or deductible.
- The Department of Health and Human Services (HHS) has adopted guidelines for women's preventive health services including screening and counseling for interpersonal and domestic violence.



Benefits of IPV Screening

- Identifying current or past abusive and traumatic experiences can
 - help prevent further abuse,
 - lessen disability, and
 - lead to improved health status.
- Because they are often trusted resources in their communities, health care providers are in a unique position to connect women who experience interpersonal and domestic violence with support.



Barriers to Screening

- 5 categories of barriers
 - Personal Barriers
 - Resource Barriers
 - Perceptions and Attitudes
 - Fears
 - Patient-related barriers



PATIENT-RELATED BARRIERS

- Language barrier
- Type of patient (psychosocial issues)
- Patient attitudes prevent positive outcome from being achieved

LACK OF RESOURCES

- Inadequate follow-up resources
- Inadequate support staff for victim education, safety planning, legal advocacy and referral
- Inadequate screening procedures/awareness
- Lack of office protocol

HCP FEARS

- Fear of police involvement

- Lack of training on how to behave in these situations

- Fear patient will stop seeing HCP

- Fear of offending patient

- Abuse cannot be verified as patients do not reveal information during visit.

- Concern for personal safety

- Fear of making patient's life hard

- Fear of partner's reaction to referral

- Time constraints only allow for pressing issues to be addressed

- Concern of misdiagnosis
- Personal discomfort with issue
- Personal history of abuse
- Forgetting to ask about abuse

PERSONAL BARRIERS

- HCPs believe it is not their role to screen

- Perception that abuse is rare
- Woman is blamed for abuse
- HCP believes patient is not aware of her rights

ATTITUDES AND PERCEPTIONS



Reducing Barriers



Reducing Barriers

SPEAK

- ED leadership
- Social Services
- Hospital Administrator

QUESTION

- DV screening policies in ED, hospital, health system, clinics, etc.
- If not present, why not?

EDUCATE

- Those you speak to on importance of DV screening and why their hospital needs to have it
- About DV services in the community and how YOU can help THEM

OFFER

- To provide staff training and education (ALL staff) and patient information
- To review current policies and procedures and to offer input
- To help create policy and procedure if ones don't exist



Comprehensive Approach

- Successful programs that increase IPV screening and identification take a comprehensive approach
 - Developing protocols
 - Training
 - Access to on and/or off site referrals and support services
- Futures Without Violence IPV Screening and Counseling Toolkit:
 - <http://www.healthcaresaboutipv.org/getting-started/>



Kaiser Health System Model

Systems Model for Intimate Partner Violence Prevention



Engagement

- Start small (ED) and grow big (entire health system)
- Bring in all community partners
- Find a champion at each hospital/health system
- Meet regularly and monitor progress and have open and frank discussions about how process is or is not working



IPV SCREENING TOOLS FOR HEALTHCARE



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Poll

- For medical professionals: Do you or does your hospital/clinic consistently screen for Domestic Violence?
 - Yes
 - No
 - Unsure



Poll

- For DV professionals: Are survivors you work with able to access needed health care?
 - 1 = No, not at all.
 - 2 = With great difficulty
 - 3 = Some/most of the time
 - 4 = Yes, excellent access!



Screening Tools

- Choose one appropriate for your patient population (may need more than one)
- Should be easy to administer
 - Clinician vs. Self
 - Paper vs. Direct Questioning
- Multilingual
- Integrated in health encounter



Screening Tools

- At least 34 different validated tools
- Common tools
 - HITS (Hurt Insult Threaten and Scream)
 - WAST (Women Abuse Screening Tool)
 - WAST-short
 - PVS (Partner Violence Screen)
 - AAS (Abuse Assessment Screen)
 - RADAR
 - Danger Assessment
 - UVPST (Universal Violence Prevention Screening Protocol)



TOOL	# of Items	Validated Setting	Sensitivity/Specificity	Notes
HITS	4-frequency of IPV	Family practice setting	Sens 86-96% Spec 91-99%	Validated in males
WAST	7-physical and emotional IPV 8-SV	Females in Healthcare settings	NA	Self administered
PVS	3—physical IPV and current safety	Clinic and Females and males in ED	Sens 64-71% Spec 80-84%	
AAS	5-frequency and perpetrator of IPV	Pregnant and nonpregnant women; clinic	Sens 93% Spec 55%	
RADAR	5	Male and female doctor office	NA	MD administered
Danger Assessment	15-homicide danger by male partner	Healthcare and battered women shelters	NA	Self administered
UVPST	7-PV, SV, and fear of hurt	Women and Men ED	NA	RN administered Includes framing



HITS

HITS

Hurt, Insult, Threaten, and Scream

How often does your partner physically Hurt you?

How often does your partner Insult or talk down to you?

How often does your partner Threaten you with physical harm?

How often does your partner Scream or curse at you?



WAST

Woman Abuse Screening Tool (WAST)

1. In general, how would you describe your relationship?
 - A lot of tension
 - Some tension
 - No tension
2. Do you and your partner work out arguments with:
 - Great difficulty?
 - Some difficulty?
 - No difficulty?
3. Do arguments ever result in you feeling down or bad about yourself?
 - Often
 - Sometimes
 - Never
4. Do arguments ever result in hitting, kicking or pushing?
 - Often
 - Sometimes
 - Never
5. Do you ever feel frightened by what your partner says or does?
 - Often
 - Sometimes
 - Never
6. Has your partner ever abused you physically?
 - Often
 - Sometimes
 - Never
7. Has your partner ever abused you emotionally?
 - Often
 - Sometimes
 - Never
8. Has your partner ever abused you sexually?
 - Often
 - Sometimes
 - Never



UVSPT

	Last 12 months		If "yes" to 12 Months, Last 1 Month?	
1. In the past 12 months...has anyone threatened you with or actually used a knife or gun to scare or hurt you?	Yes	No	Yes	No
2. ...choked, kicked, bit, or punched you?	Yes	No	Yes	No
3. ...slapped, pushed, grabbed, or shoved you?	Yes	No	Yes	No
4. ...forced or coerced you to have sex?	Yes	No	Yes	No
5. ...have you been afraid that a current or former intimate partner would hurt you physically?	Yes	No	Yes	No

6. What is your relationship with the person who has hurt you?
- Current or former intimate partner
 - Other family member
 - Acquaintance or friend
 - Coworker
 - Stranger
 - Other (specify)

7. Have the police been notified within the last month about any of these experiences?



AAS

Abuse Assessment Screen

Instructions: Circle Yes or No for each question

1. Have you ever been emotionally or physically abused by your partner or someone important to you? YES NO

2. Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone? YES NO

If YES, who? (Circle all that apply)

Husband Ex-Husband Boyfriend Stranger Other Multiple

Total no. of times _____

3. Since you've been pregnant, have you been slapped, kicked or otherwise physically hurt by someone? YES NO

If YES, who? (Circle all that apply)

Husband Ex-Husband Boyfriend Stranger Other Multiple

Total no. of times _____



ACOG Tool

- *"Because violence is so common in many women's lives and because there is help available for women being abused, I now ask every patient about domestic violence:*
- Within the past year -- or since you have been pregnant -- have you been hit, slapped, kicked or otherwise physically hurt by someone?
- Are you in a relationship with a person who threatens or physically hurts you?
- Has anyone forced you to have sexual activities that made you feel uncomfortable?"



If Screen Positive...

- The provider can provide *brief counseling to*:
- 1) assess/promote the patient's immediate safety;
- 2) discuss the possible relationship between current or previous interpersonal and domestic violence and the patient's health concerns; and,
- 3) link the patient to support services and resources. **THIS IS KEY!!**



IPV AND HEALTH CONSEQUENCES: ASSESSING NEEDS



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Health Consequences of IPV

- Many identified
- The longer the violence, the more serious the effects
- Acute Health Consequences
- Chronic Health Consequences
- Harmful Health Behaviors



Acute Health Consequences

- Injuries: cuts, lacerations, contusions, bruises, fractures
- Strangulation injuries
- May be more serious injuries
- MOST of these, seen and treated in ER
- An opportunity for intervention through screening and referral



Chronic Health Consequences

- Chronic Pain
- Chronic Pelvic Pain
- Heart disease
- PTSD
- Flashbacks
- Insomnia
- Psychosomatic disorders
- Eating disorders
- Depression
- STDs
- HIV
- Kidney infections
- Pregnancy complications
- Asthma
- Migraines/Headaches
- Etc, etc, etc....



Chronic Health Consequences

- Often the underlying cause (i.e., the DV) is never identified by the treating provider
- May lead to multiple tests, expenses, unnecessary treatments, etc., without a diagnosis and treatment for the real problem
- May cause patient/survivor to “doctor shop” to find the cure and the above cycle continues



Harmful Health Behaviors

- Smoking
- Alcohol abuse
- Drug abuse
- Risky sexual behaviors
- Not seeking health maintenance
 - Medical
 - Dental
 - Vision



Health Screening at FJC's

- No great tool exists for overall health screening
- Lots of tools for specific disease/condition screening
 - Appropriateness in this setting?
 - Cumbersome
 - Not designed for non-medical personnel use
 - Which ones do you screen for?



FJC Approach

- Be general with your questions
- Use framing statements
 - We often see that violence can affect health...
- Make it feel normal and part of the process



Examples: Alliance Pilot Project

- **Framing statements** (Clinical Guidelines, Futures):

“We often see that health is affected by violence, regardless of the type of abuse, so I just have a few questions that we ask everyone so that we know we are supporting all your needs...”
- **Danger/Risk Assessments**
 - Use probes to address potential health concerns when survivors screen positive for health-impacting risk factors (i.e. reproductive coercion, increased violence, strangulation...)
- **Safety Planning & Follow-up**
 - Stage your assessment and support for “non-acute” health needs
 - E.g. Create medication plan (more later!)



FJC Approach

- Ask about their basic health
 - Do you have a Doctor? Dentist? Eye doctor?
 - Do you see them regularly?
 - When was your last visit?



Examples: Alliance Pilot Project

- Ask key health questions:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you currently have a primary care doctor? If yes, when was your last visit? _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you been to the ER in the last year?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have health insurance?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any current concerns about your health?

- Address potential gaps in care:

Checklist (for advocate/counselor)

<input type="checkbox"/>	Do you take any medications? Are you currently taking them?
<input type="checkbox"/>	Do you receive counseling services? Have you ever?
<input type="checkbox"/>	Are your pap smears/tests up to date (female)?
<input type="checkbox"/>	Do you receive regular care for any health issues (high blood pressure, diabetes, pain, arthritis, etc.)?

*Note: can be done on paper, or as oral follow-up.

You decide which when, where, and how to ask questions



Screening

- Have you been told you have any medical problems?
 - Develop specific questions for common conditions to assess the need for prompt medical attention
 - Diabetes
 - Coronary Artery Disease
 - High blood pressure
- Have you been diagnosed with depression, Bipolar disorder, or Schizophrenia?
 - Develop specific screening questions or use current tools to assess the need for prompt medical attention



Diabetes

	NO	YES
1. Do you regularly check your sugar?		
1a. Is it usually high?		
2. Are you urinating a lot?		
3. Are you drinking a lot of fluids/ constantly thirsty?		
4. Do you take your medications?		
5. Do you have your glucometer with you?		
If yes, ask them to check their sugar. _____		

Protocol: Yes answers to question 2,3, and/or blood sugar reading greater than 300, client should be referred to the ER for treatment



Mental Health

	YES	NO
1. Do you currently want to hurt yourself?		
1a. In the last 12-24 hours have you done anything to hurt yourself? Explain:		
2. Do you currently want to hurt someone else?		
3. Are you currently hearing voices?		

PROTOCOL:

1. Use above screen for any person reporting history of depression, bipolar disorder, or schizophrenia.
2. If YES response to any question, refer to ER or Crisis Intervention Center
3. Consider EMS or police response



Screening

- Are you or could you be pregnant?
- Are you supposed to be on medications?
 - Do you take them regularly?
 - Do you have them with you?
 - How do you pay for them?
- Do you feel you are in need of medical treatment now?



Pregnancy

	YES	NO
1. Are you currently pregnant?		
2. Have you received pre-natal care?		
3. Are you having any vaginal bleeding?		
4. Are you having any belly pain?		
5. Did you experience any belly injury today?		
6. Could you be pregnant?		

PROTOCOL:

- 1) If YES response to questions 1, 3, 4, or 5 refer to hospital ER
- 2) If YES response to question 6, refer to FJC clinic tomorrow for testing?



Review

- Establish primary health needs.
- Build survivor awareness.
- Integrate screening/assessment into advocacy and safety planning.
- Use framing statements.
- Determine appropriateness of screening.
- Have ready health resources/referrals.



Strategies for Engaging the Health Sector



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Poll

- In your community, do the Health & DV systems work with each other?
 - Yes
 - No
 - Unsure



Challenges

- May be difficult and need LOTS of creativity
- Potential barriers: real and perceived
 - Willingness to help/provide service
 - Availability of providers
 - Accessibility to provider
 - Space (on-site, off-site, multipurpose)
 - Services to provide
 - Start up costs, equipment costs, acquisition
 - Regulations (state, DOH)
 - Insurance (malpractice, client health insurance)



First Steps

- Assess needs of clients you serve to see what you should focus on first
- Develop medication plan for patients who need them
 - Best solution may be ED or Urgent Care Center
 - Involve pharmacy
- Decide what will work for your center
 - On-site vs. Referral
- Work with medical community to see how to best provide these services
 - On-site services may be difficult and cumbersome to set up
 - MOUs with providers (include pharmacies, medical supply companies) in the community to provide their services for free or at reduced rates, prompt appointments and access, medication refills, etc.



Creative Strategies

- Partner with Medical, Nurse Practitioner, Optometry, or Dental Schools to provide on-site services using their students (they will be supervised)
- Look toward teaching hospitals with residencies for patient care
- Partner with local Federally Qualified Health Centers or other clinics to provide off-site care
- Partner with other local agencies: DOH, Planned Parenthood (pre-natal care), Susan G. Komen foundation (mammograms).
- Partner with local providers for special needs.
 - Local ENT offers to provide free laryngoscopy to all strangulation victims within 24 hours of assault or with persistent symptoms.
 - Local optician provides free eye exams to all women at your center



Review

- Determine your needs.
- Understand challenges facing the health sector.
- Advocate for survivors' needs.
- Start small – build relationships and harness resources.
- Get Creative!



Poll

- What services are you interested in learning about / bringing to your organization?
 - Health screenings/training (advocates)
 - DV screenings (medical)
 - Building partnerships between health/DV sectors
 - On or off-site medical/health services
 - Other: please write in chat box



Questions?

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Join us next month!

Wednesday, February 19th

10 – 11:30am PST

Part II

Creating Solutions: Addressing the Health Needs of Intimate Partner Violence Survivors in Family Justice Centers

with Futures Without Violence



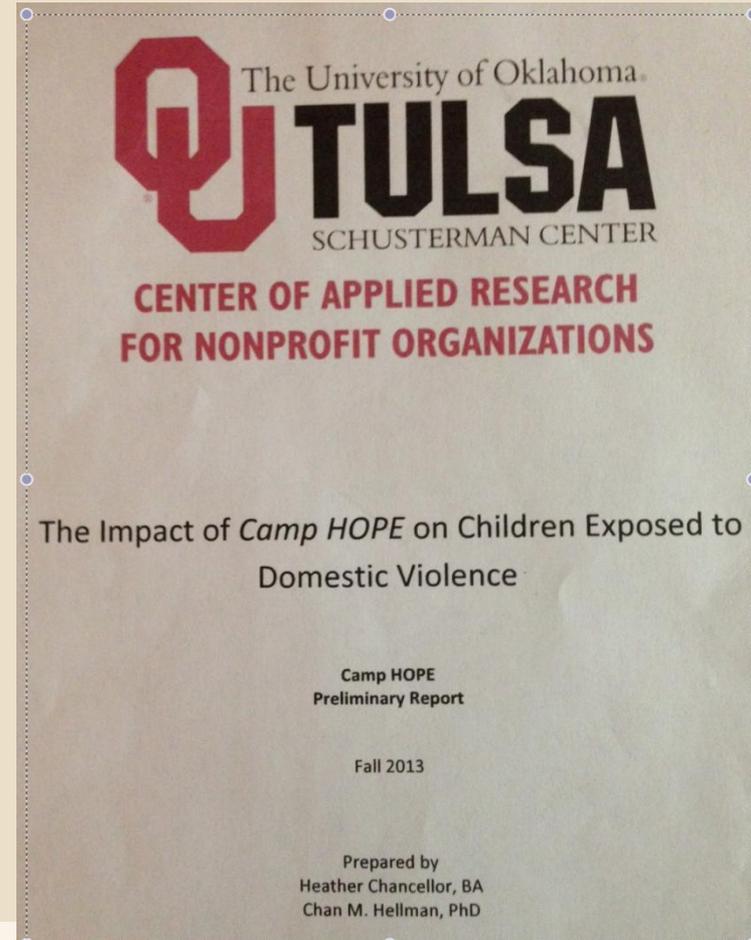
Formerly Family Violence Prevention Fund



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Camping and Mentoring

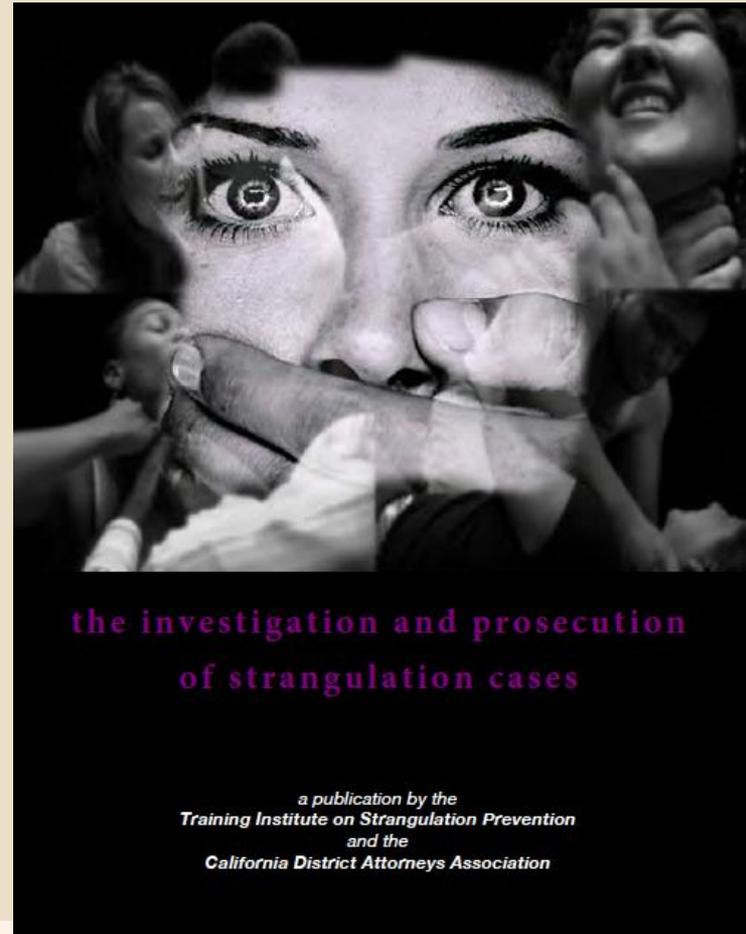
- What will you do together besides intervention?
- What will your prevention strategy include?
- How can the Camp HOPE California model benefit your children receiving services after exposure to DV?
- OU- Tulsa Evaluation Report 2013 – Camping and Mentoring Produces HOPE in Children!
- HOPE Scale Pre-Post: 25.5 to 27.6



Alliance Publishes New Manual!

IPV Strangulation Crimes

- IPV Strangulation Crimes Manual – Developed by the National Family Justice Center Alliance/Training Institute on Strangulation Prevention
- In Partnership with the California District Attorneys Association
- Manual includes chapters on advocacy, investigations, prosecution, and legislation, among other topics

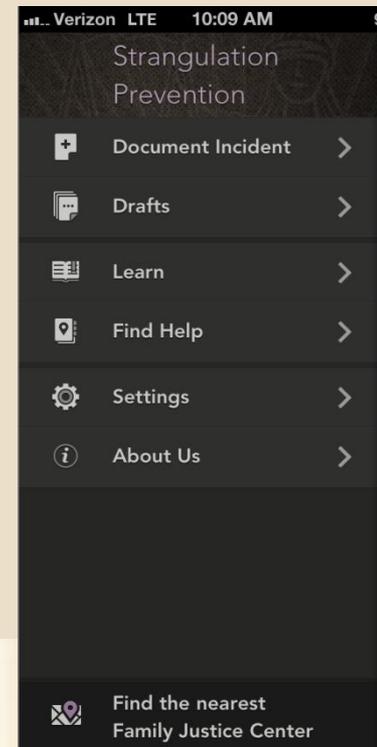


New iPhone APP “Document It”

A Mobile App to Document Near-Fatal Strangulation Cases

The mobile application will assist professionals from ***all disciplines*** and individuals who are “choked” by an intimate partner to document multiple incidents using:

- Photo, Video, and Audio capture
- User-friendly survey of possible symptoms and injuries
- Text area to tell the story of the incident
- Signed consent for release of information; and
- Ability to send a full report to law enforcement
- Confidential storage



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Thank You

Thank you for joining today's presentation

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