Addressing Intimate Partner Violence in Integrated Care Settings

April 30, 2018

SAMHSA-HRSA Center for Integrated Health Solutions

Speakers: Shannon Day & Lisa James

HRSA Health Resources & Services Administration

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

SAMHSA Substance Abuse and Mental Health Services Administration

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WHO WE ARE

The **SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)** is a national training and technical assistance center dedicated to the planning and development of **integration of primary and behavioral health care** for those with mental illness and/or substance use disorders and physical health conditions, whether seen in specialty mental health or primary care safety-net provider Settings across the country.

CIHS is jointly funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources Services Administration (HRSA), and is run by the National Council for Behavioral Health, the unifying voice of America's healthcare organizations that deliver mental health and addictions treatment and services.

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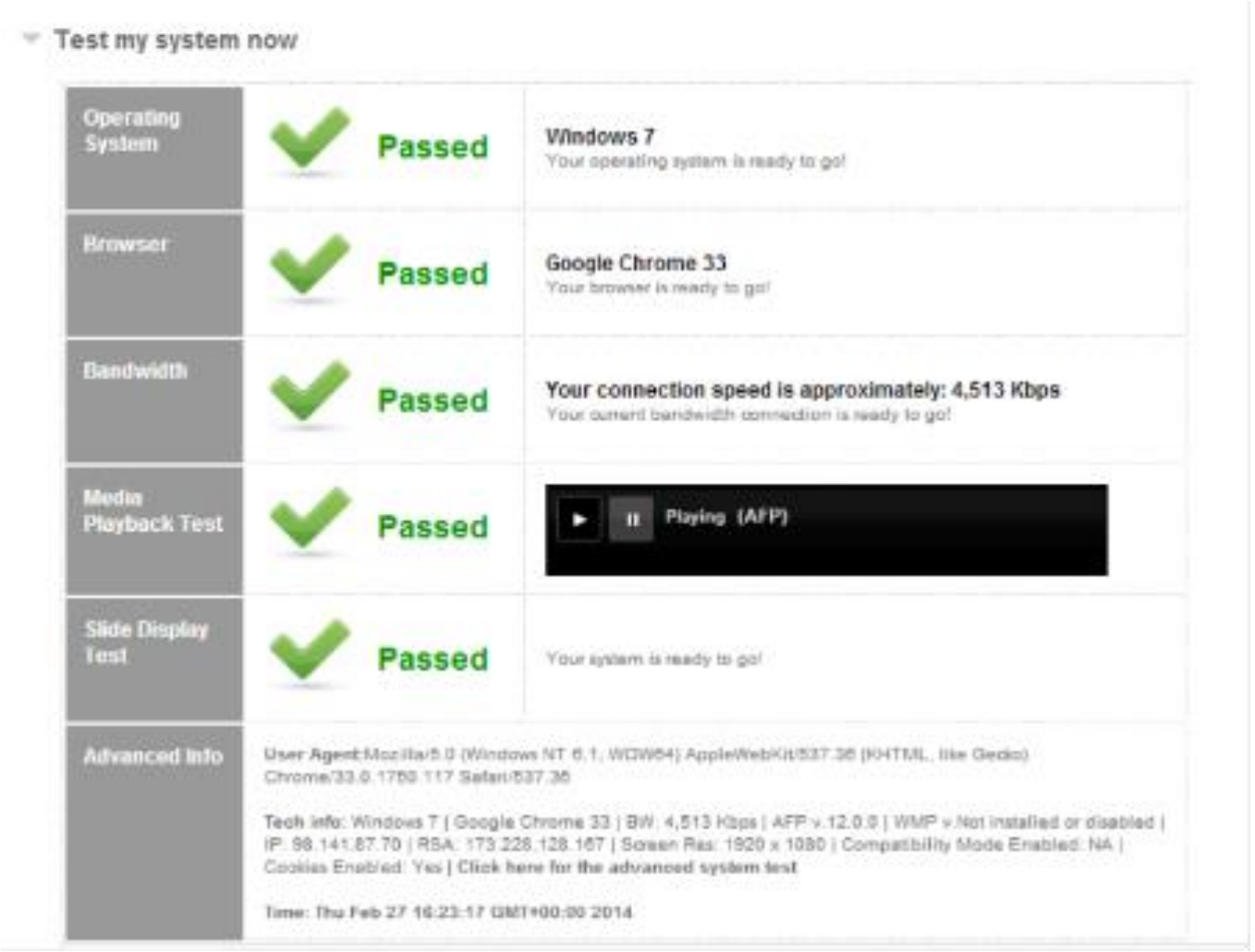

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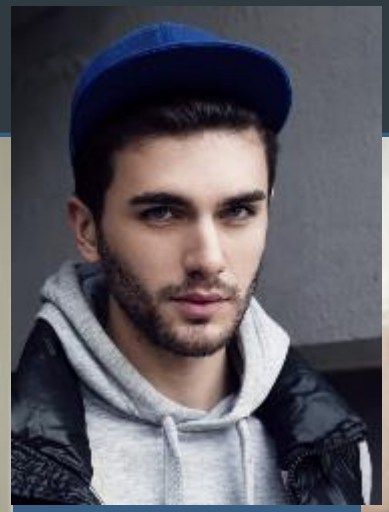
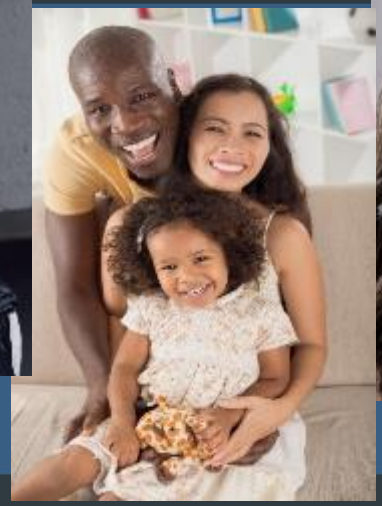
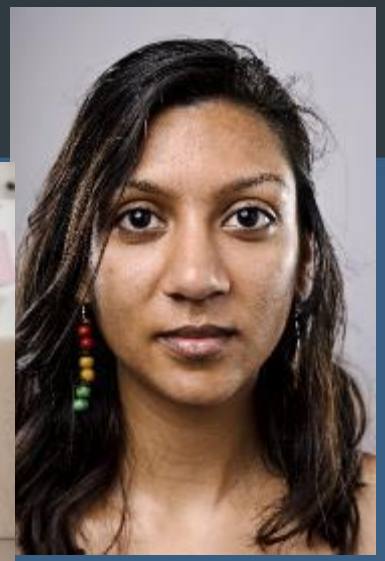

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Today's Learning Objectives:

At a result of today's webinar, you will:

- Know the prevalence and symptoms of intimate partner violence and the connection with poor behavioral health outcomes
- Identify best practices for prevention, identification and response to intimate partner violence in primary care, behavioral health, and integrated care settings
- Understand how to offer a supported referral to community based programs who can assist with safety planning and support
- Become familiar with resources to support clients

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Today's Speakers

Lisa James, Director of Health
Futures Without Violence

Shannon Day, Training and Technical Assistance Manager
Colorado Coalition Against Domestic Violence

What is Intimate Partner Violence?

One person in a relationship is using a **pattern** of methods and tactics to gain and maintain **power and control** over the other person.

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- Can be a ‘cycle’ that gets worse over time – not a one time ‘incident’
- Jealousy, social status, mental health, money and other tactics are used to be controlling and abusive – not just physical violence
- Leaving an abusive relationship is not always the safest or most realistic option for survivors

Definitions of Domestic Violence

Legal

- Often more narrowly defined with particular focus on physical and/or sexual assault
- Incident focused – may lack context

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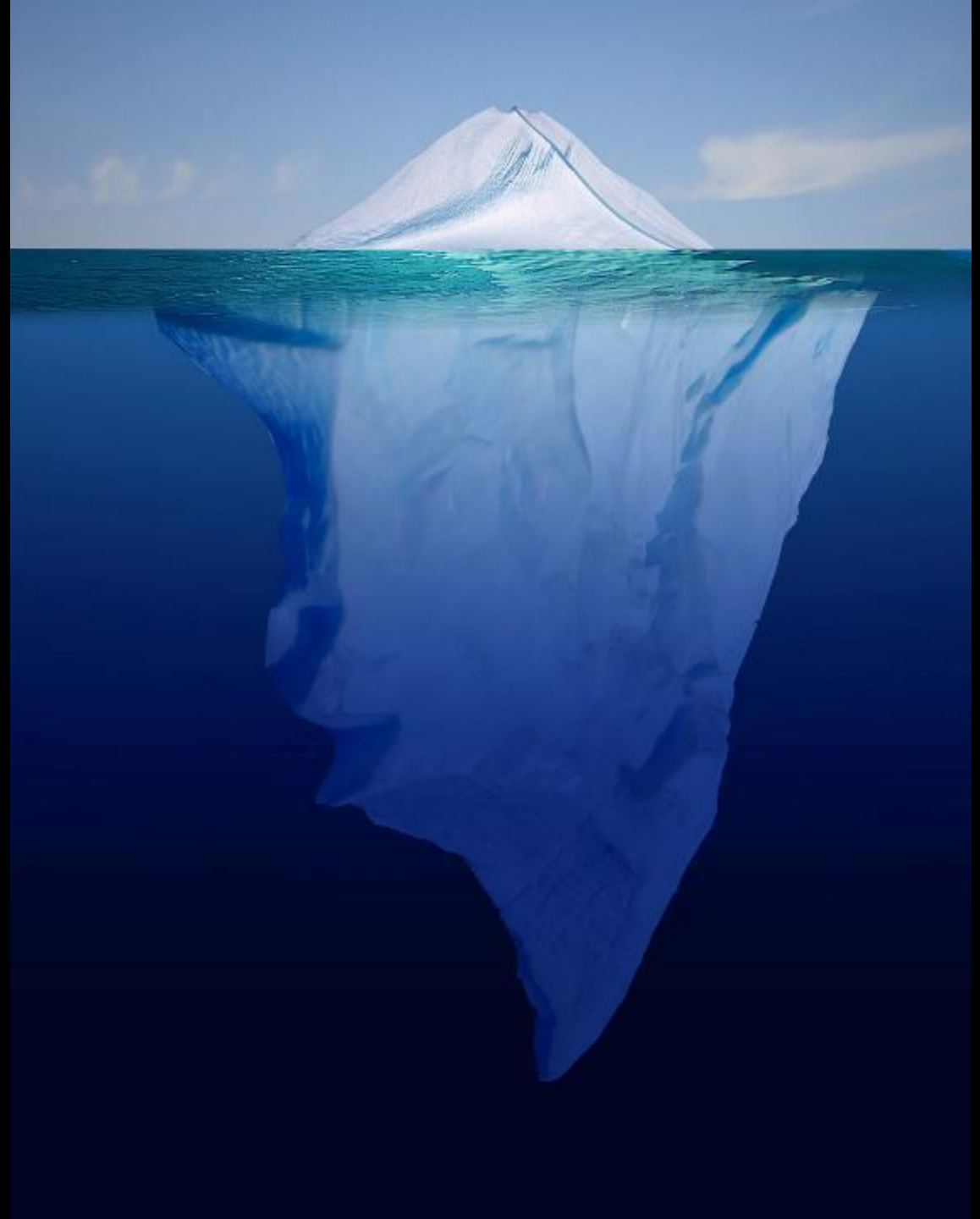
Dynamics of Domestic Violence/IPV



Definitions of Domestic Violence

Public Health

Broader range of controlling behaviors that impact health

- emotional abuse
- social isolation
- stalking
- financial abuse
- intimidation and threats

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Prevalence of Intimate Partner Violence

1 in 4 (25%) U.S. women report ever experiencing IPV

2010 CDC National Intimate Partner and Sexual Violence Survey

Intimate Partner Sexual Assault

1 in 5 women in the U.S. has been raped at some time in her life and half of those women reported being raped by an intimate partner.

2010 CDC National Intimate Partner and Sexual Violence Survey

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Prevalence of Intimate Partner Violence

- 1 in 59 men have been raped in their lifetime.
- 1 in 7 men has been the victim of severe physical violence by an intimate partner

2010 CDC National Intimate Partner and Sexual Violence Survey

Male Victims of IPV

- **1 in 19 men** has been stalked during their lifetime

- The majority of perpetrators against both men and women are other men.

2010 CDC National Intimate Partner and Sexual Violence Survey

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LGBTQ Communities

61% of bisexual women and **37% of bisexual men** experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.

Breiding, 2011; Landers & Gilsanz, 2009

LGBTQ Communities

- **44% of lesbian women and 26% of gay men** experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.

- **34.6% transgender individuals** reported lifetime physical abuse by a partner and **64%** reported experiencing sexual assault.

Breiding, 2011; Landers & Gilsanz, 2009

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Youth

- Among high school students nationwide, **11.8% of females** and **4.5% of males** have been forced to have sexual intercourse when they did not want to.
- **1 in 4 teens** in a relationship say they have been called names, harassed or put down by their partner.

Centers for Disease Control and Prevention. 2012. Youth Risk Behavior Surveillance-United States, 2011 MMWR. 61(4):10
Liz Claiborne and TRU. 2007. Tech Abuse in Teen Relationships Study

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Why Doesn't She Just Leave


• Children
• Threats
• Resources
• Status
• Love
• Finances
• Family

A victims risk of getting killed greatly increased when they are in the process of leaving or have left.

Bachman, R. and Salzman, L., U.S. Bureau of Justice Statistics. Violence Against Women: Estimates From Redesigned Survey 1. (January 2000).

Considerations for Immigrant or non-English Speaking IPV/Human trafficking Survivors

- Unique controlling behaviors:
  - Taking kids outside the U.S.
  - Immigration status
  - Forbidding English classes
  - Using language privilege
  - Holding on to important documents

More Than Broken Bones and Black Eyes

Examples of health conditions associated with IPV include:

- Asthma
- Bladder and kidney infections
- Circulatory conditions
- Cardiovascular disease
- Fibromyalgia
- IBS
- Chronic pain syndromes
- Central nervous system disorders
- Gastrointestinal disorders
- Joint disease
- Migraines and headaches

Centers for Disease Control and Prevention, 2003

IPV and Behavioral Health Concerns

- Anxiety and/or depression
- Post-traumatic stress disorder (PTSD)
- Antisocial behavior
- Suicidal behavior
- Low self-esteem
- Emotional detachment
- Sleep disturbances
- Substance dependency

Tjaden P, et al 2000; Coker AL, et al, 2002

Research suggests that women may also be more likely than men to use prescription opioids to self-medicate for other problems including anxiety or stress.

McHugh 2013

Past or current abuse is a risk factor for postpartum depression.

HA Beydoun, 2012, AB Ludermir, 2010, Kendall-Tackett, 2007

Intimate Partner Sexual Violence and Suicide

Suicidal ideation and suicide attempts are significantly higher among women who have experienced abuse who are sexually assaulted by their partners.

McFarlane J, Malecha A, Watson K, et al, 2005; Weaver TL, Allen JA, Hopper E, et al, 2007; Gladstone GL, Parker GB, Mitchell PB, et al, 2004; Talbot NL, Duberstein PR, Cox C, et al, 2004; Anderson PL, Tiro JA, Price AW, et al, 2002; Briere J, Runtz M, 1986

Mental Health and Substance Use Coercion

Abusers rely on bias related to mental health and substance use to undermine and control their partners.

Warshaw, 2014

Women, Opioids and Violence

Research indicates that opioid use disorders are associated with IPV victimization, particularly among women, and that women also may be particularly vulnerable to such violence when under the influence of opioids.

Smith, 2012

Adolescent Relationship Abuse (ARA)

Young women who have experienced abuse have higher rates of:

- Depression and anxiety
- Disordered eating
- Suicidality
- Substance abuse

Kim-Godwin YS, et al, 2009; Howard DE, et al, 2008; Brossarte RM, et al, 2008; Ackard DM & Neumark-Sztainer D, 2002

And are more likely to have sex before age 15.

Silverman, 2001

Tobacco Cessation and Intimate Partner Violence

42% of women experiencing some form of IPV could not stop smoking during pregnancy compared to **15% of non-abused women**.

Bullock, 2001

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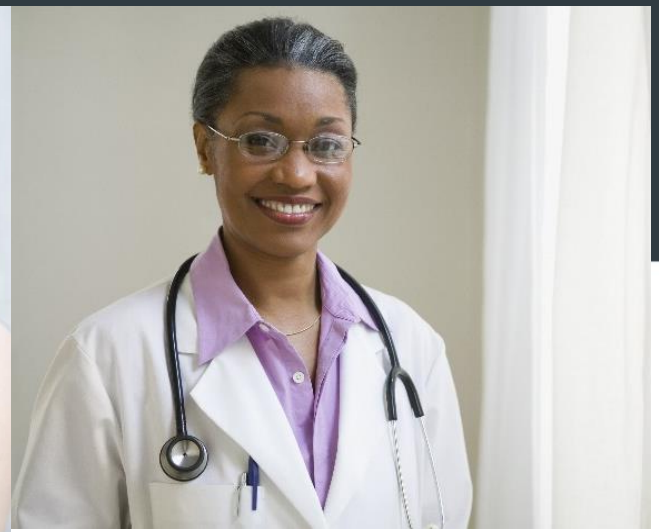


Moving Beyond Screening Through CUES: An Evidenced Based Trauma Informed Approach to Address IPV and Human Trafficking

FUTURES WITHOUT VIOLENCE®

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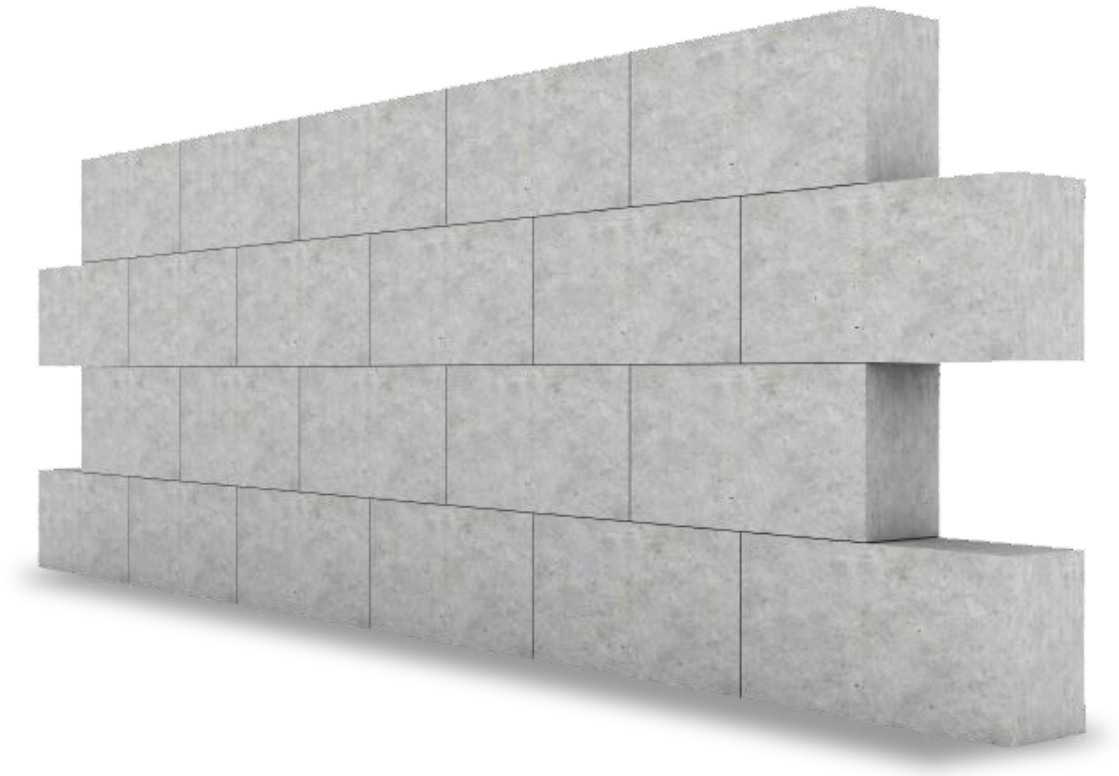

Provider Barriers in Addressing IPV

Clinicians identified the following barriers:

- Comfort levels with initiating conversations with patients about IPV
- Feelings of frustration with patients when they do not follow a plan of care
- Not knowing what to do about positive disclosures of abuse
- Lack of time
- Vicarious trauma or personal trauma
- Child protection service involvement (CPS) /Deportation reporting fears

Active Listening

- Recognize power you hold in conversation
- Be present
- Withhold judgment
- Cultivate empathy
- Become comfortable sitting in discomfort
- Embrace your role

Opportunity to share

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Healthcare Providers Make a Difference

Women who talked to their health care provider about experiencing abuse were **four times more likely** to use an intervention such as:

- Advocacy
- Counseling
- Protection orders
- Shelter
- or other services

McCloskey, 2006

Self Reflection:
On a Scale of 1 to 5

Now how comfortable are you with a positive disclosure of IPV?

SAMHSA's Six Key Principles of a Trauma-Informed Approach

Reflects adherence to six key principles rather than a prescribed set of practices or procedures:

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, historical, and gender issues

Why Medical Settings May be Distressing for People with Trauma Experiences:

- Invasive procedures
- Removal of clothing
- Physical touch
- Personal questions that may be embarrassing or distressing
- Negative past health care experiences
- Assuming gender of patient or their partner
- Language barrier
- Fear of deportation/ICE
- Power dynamics of relationship
- Gender of health care provider
- Vulnerable physical position
- Loss of and lack of privacy
- Unfamiliar with provider, or health system

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Additional Considerations

Recognize patient experiences with historical trauma, including racism, homophobia or transphobia and other oppression people experience that impacts their access to systems and support:

- Lack of culturally responsive support services
- Language barriers, including for deaf and hard of hearing
- Poverty, food insecurity, homelessness
- Accessibility (physical ability, age, transportation, childcare)
- Fear or distrust of systems including police, courts, or ICE
- Disclosing violence or personal info may not be a cultural norm in some communities and a safety issue (rural, or other small communities in particular)

Trauma Informed Practice Change

Update forms and consider language:

- Update to be person centered: “a person living with a developmental disability” rather than “disabled person”
- LGTBQ parents and other care takers or guardians including grandparents or foster parents (avoid questions about “mother” “father”)
- Inclusive of all patients: transgender and other gender non-conforming persons
- Sexual partner(s) of different sexual orientations or gender identity

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Trauma Informed Practice Change cont.

Include visual images and validating statements such as:

- This health clinic does not ask questions about immigration status.
- Imagery that reflects that your clinic is a safe space for all
- How to gain the help of professional interpreters (in multiple languages)

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Trauma Informed Practice Change cont.

Include visual images and validating statements such as:

- "This center understands many clients have experienced trauma which can affect health and care. Please let us know if there's anything your provider can do to make your visit most comfortable and safe for you."

Ask about preferred gender of provider

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Trauma-Informed Client Health Brochure

FUTURES worked in partnership with Olga Trujillo, JD and the National Center on Domestic Violence, Trauma & Mental Health to develop a health brochure for those who have survived childhood or adult violence/abuse.

Helps patients with trauma-informed answers to the following questions:

- Why do I avoid visits, or have a hard time remembering what my provider tells me?
- What can I do to make my dental or health care visits less scary, or hard?

CUES: An Evidence-based Intervention

Confidentiality
Universal Education
Empowerment
Support

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The Heart of Being Trauma Informed

What if we challenge the limits of disclosure driven practice?

Miller, 2017

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C: Traditional Script for Disclosing Limits of Confidentiality

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

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C: Confidentiality

"Because I know a lot of patients aren't ready or may be afraid to share certain things about their health or relationships, I want you to know you can use these resources for yourself or for a friend, regardless of what you choose to share with me today."

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C:Mandatory Reporting for IPV

Add link to reporting summary

https://www.futureswithoutviolence.org/compendium-of-state-statutes-and-policies-on-domestic-violence-and-health-care/

When to report:

- Patient has experienced a Serious Bodily Injury
- Patient has been shot or stabbed as outlined in current practice and law
- Patient has experienced dangerous dog bite

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Mechanics of Confidential Referral

- Patient has experienced a Serious Bodily Injury
- Patient has been shot or stabbed as outlined in current practice and law
- Patient has experienced dangerous dog bite

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GOALS of HB17-1322

- Respect professional discretion of medical licenses
- Recognize complicated safety needs of domestic violence/IPV Survivors
- Medical professionals can respect patients wishes regarding contacting law enforcement
- Provide self autonomy and trauma informed choices for Survivors

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Shifting From

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

Moving Upstream

Shifting to offering patients universal education about the impact of IPV/HT on health may serve as:

- **primary prevention** (for those never exposed)
- **secondary prevention** (for individuals with histories of IPV/HT)
- **intervention** for those experiencing IPV/HT (including those who do not disclose).

How does the safety card support screening and education about IPV?

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Changing the Way We Address IPV

"I've started giving two of these cards to all of my patients—in case it's ever an issue for you because relationships can change and also so you have the info to help a friend or family member if it's an issue for them."

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Why Altruism Matters

- “Most social support studies have emphasized one-way support: getting love, getting help…the power of social support is more about mutuality than about getting for self…that is, there is a need to give, to matter, to make a difference; we find meaning in contributing to the well-being of others.”

(J.V. Jordan, 2006)

- Beneficiaries of altruism have the capacity to synthesize even small acts of care into astonishing and sustainable change.

(Mattis, 2009)

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CUES: Practical Application

- **C: Confidentiality**: See patient alone and disclose limits of confidentiality
- **UE: Universal Education** + **Empowerment**—***How you frame it matters***
  - Normalize activity:
  - "I've started giving two of these cards to all of my patients—in case it's ever an issue for you because relationships can change and also for you have the info so you can help a friend or family member if it's an issue for them."
  - Make the connection—open the card and do a quick review:
  - "It talks about healthy and safe relationships, ones that aren't and how they can affect your health—we can help with the health part."
- **S: Support:**
  - "On the back of the card there are a couple important things—also there is a safety plan and 24/7 hotlines that have folks who really understand complicated relationships."

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Empowerment: Provider Interview

"(The card) made me feel empowered because…you can really help somebody…somebody that might have been afraid to say anything or didn't know how to approach the topic, this is a door for them to open so they can feel…more relaxed about talking about it."

Miller, 2017

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

Miller, 2017

Empowerment: Client Interview

Visit specific health promotion strategies

- **Primary Care:** Trauma-informed care plan (follow up visits, medication adherence, exercise plan, etc.)
- **Adolescent Health:** Anticipatory guidance on healthy relationships versus coercive relationships
- **Mental Health:** Ask if someone is trying to undermine their sobriety, or sanity and make a plan to lessen interference
- **Reproductive Health:** Alternate birth control (EC/Copper T/IUD) and safer partner notification
- **Urgent Care:** Acute injury/lethality assessment

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Considerations for Differential Diagnosis

- New onset of mental health symptoms/exacerbation of issues
- Any/all substance abuse/relapse (pressure by another, coping/fear/hurt)
- Lack of medication adherence
- Access to care/follow up
- Ability to exercise/care for self

Differential Diagnosis: Direct Inquiry in Practice

(Normalize) “I always check in with my patients…”:

- **Primary Care:** “Is there anything or anyone preventing you from getting your medication or taking care of yourself?”
- **Behavioral Health:** “Anytime someone is smoking or drinking/using I always want to know how their relationship is going because when relationships are hard it can affect use.”
- **Adolescent:** “Tell me about what’s happening with you and social media—how often have you been put down or harassed by anyone, or pressured to do something that made you feel uncomfortable? I’m asking because sometimes those things can affect how you feel, and your health.”

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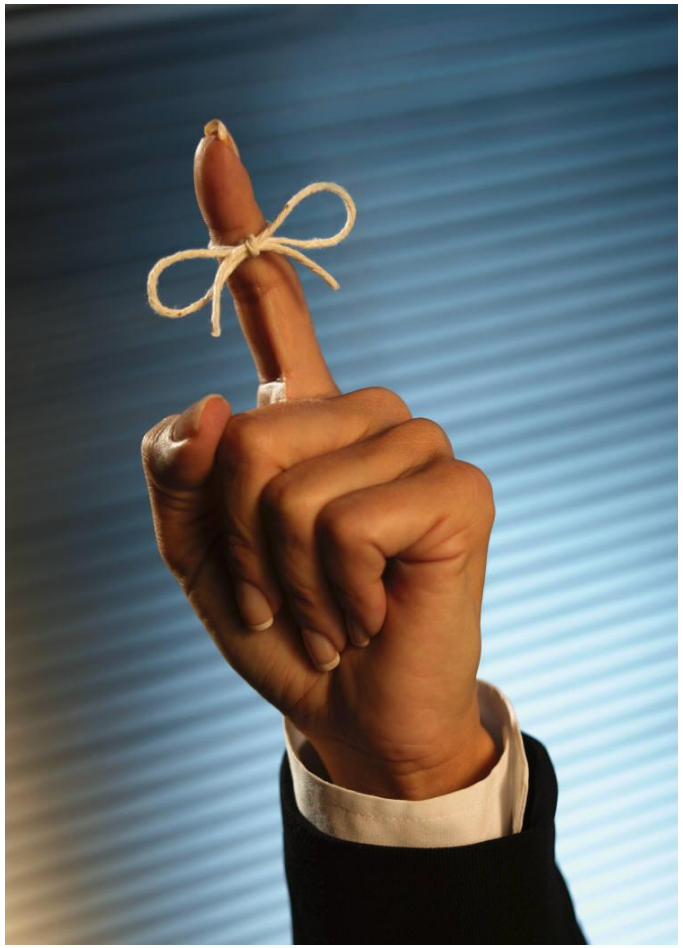
S: Visit-Specific Sample Scripts

You can always follow CUES with direct inquiry and share any concern you have about their health issues and IPV/HT:

- “Sometimes when I hear about [fill in the blank] it makes me wonder if someone is preventing you from [fill in the blank] ”
- “Is anything like this going on for you?”

S: Important Reminder

Disclosure is not the goal AND Disclosures do happen!



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S: What survivors say that they want providers to do and say

- Be nonjudgmental
- Listen
- Offer information and support
- Don’t push for disclosure

Chang et al. 2005

S: Positive Disclosure: One Line Scripts

- “I’m glad you told me about this. I’m so sorry this is happening. No one deserves this.”
- “You’re not alone.”
- “Help is available.”
- “I’m concerned for your safety.”

Your recognition and validation of the situation are invaluable

S: Providing a “Warm” Referral

- When you connect a patient to a local program it makes all the difference. (Maybe it’s not safe for them to use their own phone).
- “If you would like, I can put you on the phone right now with [name of local advocate], and together you can discuss your options and learn about the support they can provide.”

The Role of Domestic Violence Community-based Programs and staff

Domestic violence and sexual assault programs have vast experience working with survivors of violence

Domestic Violence Community-based Programs

- Provide risk assessment, safety planning, and support
- Connect patients to additional services like:
  - Housing
  - Legal support
  - Support groups/counseling

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S: DV/SA/HT National Hotlines

National Domestic Violence Hotline
http://www.thehotline.org/
1-800-799-SAFE (7233)
TTY: 1-800-787-3224
Live chat 24/7/365
En Español:12pm-6pm Hora Central

The Trevor Project
www.thetrevorproject.org
866-488-7386 LGBTQ Youth

National Sexual Assault Hotline
https://www.rainn.org/
1-800-656-HOPE (4673)

StrongHearts Native Helpline
www.strongheartshelpline.org
1-844-7NATIVE (762-8483)
safe, anonymous and confidential service for Native Americans affected by domestic violence and dating violence.
Monday-Friday 9am-5:30pm CST

National Human Trafficking Hotline
www.humantraffickinghotline.org
1-888-373-7888
Text Help to 233733 (BeFree)
3:00pm-11:00pm EST

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Other Setting/Population-specific Safety Cards

Population Specific

- American Indian/Alaska Native
- College Campus
- Hawaiian Communities
- HIV+ and HIV testing
- Lesbian, Gay, Bisexual, Questioning (LGBQ)
- Parents
- Pregnant or parenting teens
- Transgender/Gender Non-conforming persons
- Women across the lifespan

and coming soon…a new card for Muslim youth

Setting Specific and Topical

- Adolescent Health
- Behavioral Health
- HIV
- Home Visitation
- Pediatrics
- Primary Care (General Health)
- Reproductive Health and Perinatal

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Other Setting/Population-specific Safety Cards

- All cards are available in English and most are available in Spanish.

- Primary care (general health) card is available in Chinese, Tagalog, and soon Vietnamese, Korean, Armenian and French

Defining Success

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

Success is measured by our efforts to reduce isolation and improve outcomes for safety and health.

National Health Resource Center on Domestic Violence

- Setting and population-specific safety cards
- Webinar series
- Training curricula + videos
- Clinical guidelines
- U.S. State & Territories reporting law information
- EHR and Documentation tools
- Posters
- Technical assistance

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www.ipvhealthpartners.org

Online toolkit specifically designed to address intimate partner violence by and for community health centers in partnership with domestic violence programs

Client Interview

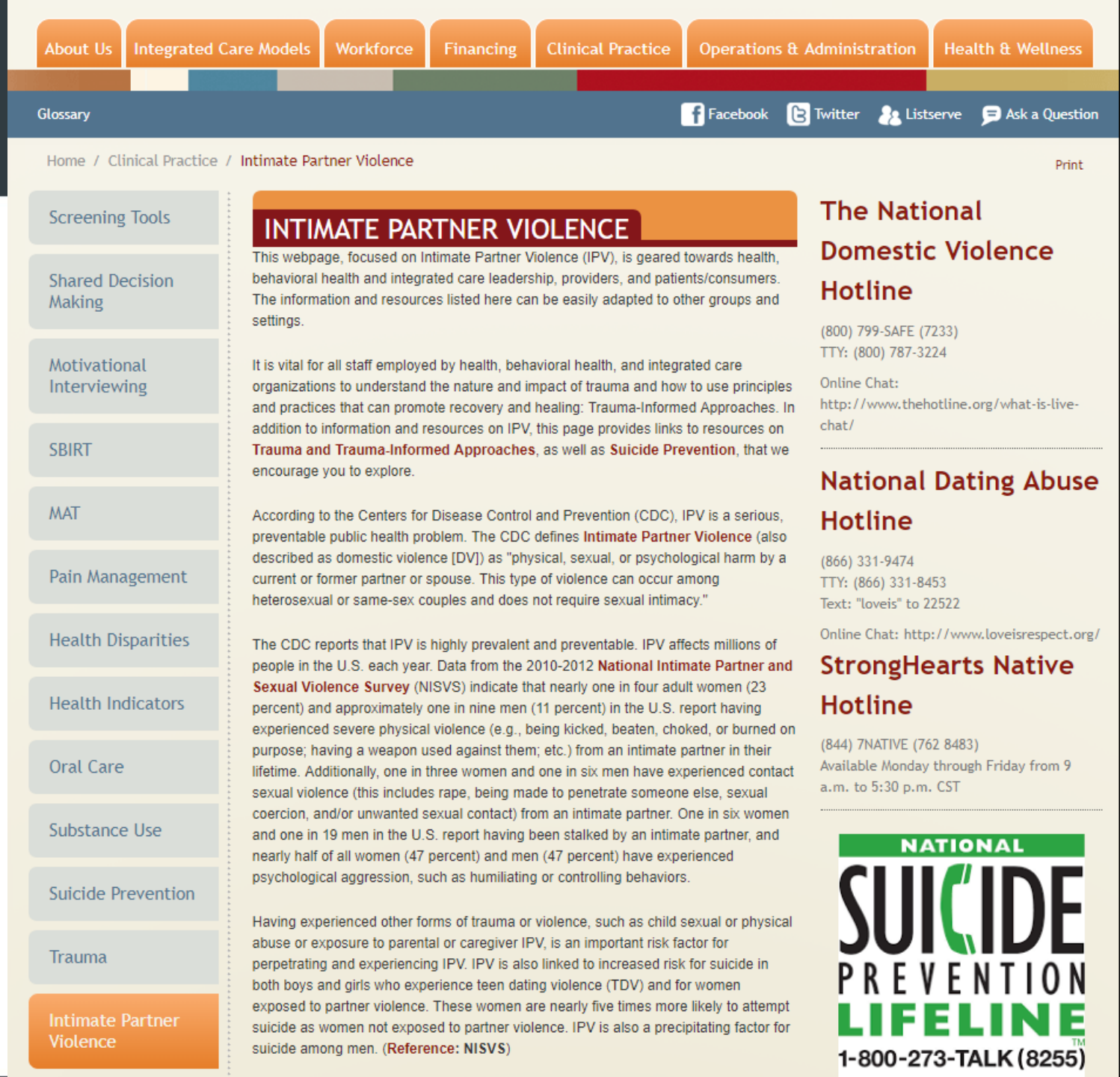
"So there'll be times where I'll just read the card and remind myself not to go back. I'll use it so I don't step back. I'll pick up on subtle stuff, cause they'll trigger me. I remember what it was like. I remember feeling like this, I remember going through this. I'm not going to do it again. For me, it just helped me stay away from what I got out of. I carry it with me actually, I carry it in my wallet. It's with me every day."

Miller, 2017

Questions ?

CIHS Resources

- Online eLearning module - Domestic Violence: Understanding the Basics
- Promising Practices and Model Programs: Trauma-Informed Approaches to Working with Survivors of Domestic and Sexual Violence and Other Trauma
- Intimate Partner Violence Screening and Counseling Toolkit
- Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices



Screening Tools

Shared Decision Making

Motivational Interviewing

SBIRT

MAT

Pain Management

Health Disparities

SUICIDE PREVENTION

This webpage, focused on suicide and suicide prevention, is geared toward health, behavioral health, and integrated care leadership, providers, and patients/consumers. The information and resources listed here can be easily adapted to other groups and settings. Suicide, Intimate Partner Violence (IPV), and Trauma are often interrelated. Trauma is highly prevalent and a major risk factor for suicide and IPV. It is, therefore, vital for all staff employed by health, behavioral health, and integrated care organizations to understand the nature and impact of trauma and how to use principles and practices that can promote recovery and healing: Trauma-Informed Approaches. In addition to information and resources on Suicide Prevention, at the CIHS website you will find links to Trauma and Trauma-Informed Approaches webpages, as well as IPV webpages, which we encourage you to explore.

Every 12 minutes, someone in the U.S. takes his or her own life. And for every one suicide, there are 25 attempts. Suicide is the 10th leading cause of death in the U.S., and the number and rate of suicides are rising. Each year, more than 900,000 emergency department (ED) visits are made by people thinking of suicide.

Suicide as a public health issue affects everyone: families, health care providers, school personnel, faith communities, friends, and government. The good news is that suicide is often preventable. Research findings by the **Henry Ford Health System** clearly make the case that health care providers can play a critically important role in

NATIONAL SUICIDE PREVENTION LIFELINE™

1-800-273-TALK (8255)

suicidepreventionlifeline.org

The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals. **Follow this link** or call 1-800-273-TALK (8255) to access immediate assistance.

Suicide Prevention

Screening Tools

Shared Decision Making

Motivational Interviewing

SBIRT

MAT

Pain Management

TRAUMA

This webpage, focused on trauma and trauma-informed approaches, is geared towards health, behavioral health and integrated care leadership, staff, and patients/consumers. The information and resources listed here can be easily adapted to other groups and settings such as schools. Three important areas of health: trauma, Intimate Partner Violence (IPV), and suicide are interrelated as trauma is a major risk factor for IPV and suicide. It is vital for all leadership and staff of health, behavioral health, and integrated care organizations to understand the nature and impact of trauma and how to use principles and practices that can promote recovery and healing: Trauma-Informed Approaches. In addition to information and resources on Trauma and Trauma-Informed Approaches, you will find links to **IPV** as well as **Suicide Prevention** webpages that we encourage you to explore.

Trauma is highly prevalent, can impact a person at any time during their lifespan and may present as mental health, substance use or physical health conditions.

> Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as

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HRSA Health Resources & Services Administration

SAMHSA Substance Abuse and Mental Health Services Administration

Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

The mission of HRSA is to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs.

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HRSA Health Resources & Services Administration

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