

Emergency Department Response to Intimate Partner Violence

Prepared for Iowa Trauma Program Managers
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Learning Objectives

- Identify Intimate Partner Violence (IPV) as a public health issue
- Understand how to administer the CUES intervention within a clinic setting; through policy, practice, or protocol improvement
- Understand how to introduce safety cards with patients in a trauma-informed manner

Training Agreements



Intimate Partner Violence (IPV) Impact on Health



Intimate Partner Violence (IPV)

- Intimate partner violence is abuse or aggression that occurs in a romantic relationship
- “Intimate partner” refers to both current and former spouses and dating partners
- Behaviors include; physical violence, sexual violence, stalking, and psychological aggression by a current or former intimate partner
- Intimate partner violence is preventable



Iowa Public Health Data

Iowa Pregnancy Risk Assessment Monitoring Systems (PRAMS) 2020:

- 1,213 reported some form of violence during pregnancy

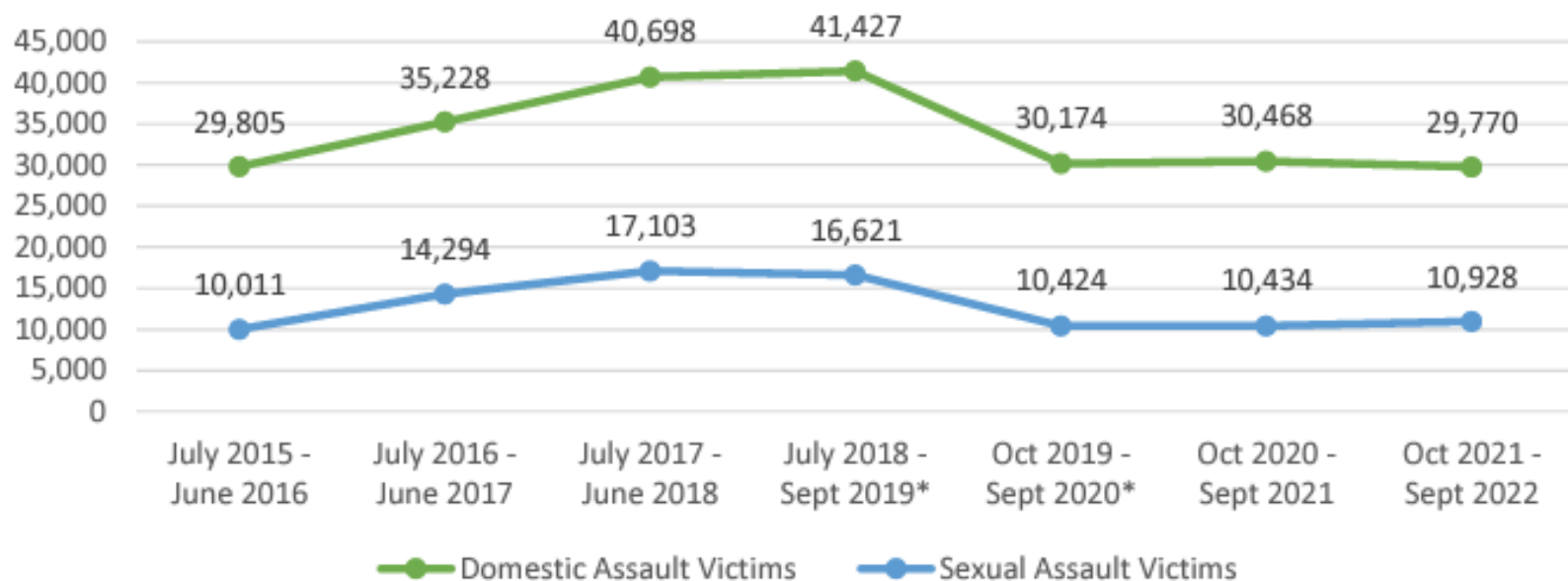
Iowa Youth Risk Behavior Survey (YRBS) 2021:

- 10% of students experienced sexual dating violence
- 7.9% of students experienced physical dating violence

Iowa Violent Death Reporting System 2016 – 2020:

- Intimate Partner Violence is the leading cause of homicide among women in Iowa

Domestic and Sexual Assault Victims Served in Iowa



*The numbers provided for the SFY20 annual report are for 12-months for the period October 1, 2019 to September 30, 2020 as opposed to subsequent years when CVAD's grant year changed from a July 1 start date to an October 1 start date. The change resulted in grantees receiving a three-month grant extension and thus serving more crime victims. The number of victims served in FY20 and FY21 are therefore less because of the change and because of the impact of the COVID-19 pandemic.

IPV Can Impact Patient Engagement

- Language access
- Cultural relevance
- Missed appointments
- Fear and mistrust
- Mental health
- Financial hardship
- Re-traumatizing
- Lack of control
- Past negative medical experiences
- Pain management of other chronic health conditions
- Experiencing Judgement
- Vulnerability
- Overwhelmed nervous system
- Embarrassment
- Loss of body autonomy

Relationships Impact Health

HIV/AIDS Migraines
Flashbacks Kidney Infections Suicidal Behavior
Circulatory Conditions Sleep Disturbances
Chronic Pain Gastrointestinal Disorders Unintended Pregnancy
Bladder Infections Irritable Bowel Sexually Transmitted Infections
Anxiety Central Nervous System Disorders Unintended Pregnancy
Cardiovascular Disease Pelvic Inflammatory Disease
Asthma Depression Gynecological Disorders
Fibromyalgia Post Traumatic Stress Disorder
Joint Disease Sexual Dysfunction
Headaches

Most Common Physical Injuries

■ Upper Extremity (UE) Injuries

- Hand and finger injuries are the most common UE in patients with Intimate Partner Violence
 - Finger is the most common site
 - Repeated injuries involving the same site, combined with head or face injuries could indicate Intimate Partner Violence

■ Partner-Inflicted Brain Injury

- Head and neck injuries are the most common
 - Loss of consciousness
 - Strangulation



Workplace Policies & Practice

Best practice for supporting staff and patients

Mindful Self Regulation (MSR)

Examples of MSR strategies:

- Breathing
- Grounding
- Self-talk
- Imagery

Trauma-Informed Organizational Tool

ORGANIZATIONAL SELF-CARE CHECKLIST

Evaluating Your Organizational Self-care Practices

After evaluating the stress level of your organization and identifying what you find helpful and not helpful in times of stress, you can begin to think about ways your organization can create a healthier work environment. Such an environment is one that supports individual self-care and creates a sense of team self-care—both of which are important to productivity, service provision, and staff well-being.

The following *Organizational Self-Care Checklist* is designed to provide organizations with new ideas and concrete examples of what it means to promote a culture of self-care. Building an organizational culture of self-care often requires an initial period of difficult reflection on what is currently happening in your organization. The goal is to build self-care practices into daily routines and rituals, so that they become very good habits. Use the *Organizational Self-Care Checklist* to assess what your organization is currently doing to support self-care and get ideas for how to build on these to further create and sustain a culture of self-care.

Instructions: Check off everything your organization currently does to support self-care.

Training and Education

- The organization provides education to all employees about stress and its impact on health and well-being.
- The organization provides all employees with education on the signs of burnout, compassion fatigue and/or vicarious traumatization.
- The organization provides all employees with stress management trainings.
- The organization provides all employees with training related to their job tasks.
- Staff are given opportunities to attend refresher trainings and trainings on new topics related to their role.
- Staff coverage is in place to support training.
- The organization provides education on the steps necessary to advance in whatever role you are in.
- Other: _____

Support and Supervision

- The organization offers an employee assistance program (EAP).

- Employee job descriptions and responsibilities are clearly defined.
- All staff members have regular supervision.
- Part of supervision is used to address job-stress and self-care strategies.
- Part of supervision is used for on-going assessment of workload and time needed to complete tasks.
- Staff members are encouraged to understand their own stress reactions and take appropriate steps to develop their own self-care plans.
- Staff members are welcome to discuss concerns about the organization or their job with administrators without negative consequences (e.g., being treated differently, feeling like their job is in jeopardy or having it impact their role on the team).
- Staff members are encouraged to take breaks, including lunch and vacation time.
- The organization supports peer-to-peer activities such as support groups and mentoring.
- Other: _____

continued on next page

Appendix C

- Includes a self-assessment handout for employees
- Checklist format for organizations to evaluate:
 - Training and education
 - Support and supervision
 - Communication
 - Employee control and input
 - Work environment

Supporting Employees



Model Workplace Policy

Domestic Violence, Sexual Violence, and Stalking

I. Purpose

[Employer] institutes this policy as part of its commitment to a safer and more supportive organizational climate and to the prevention and reduction of the incidence and effects of domestic violence, sexual violence, and stalking [hereinafter “violence”] at the workplace. [Employer] recognizes that domestic violence, sexual violence, and stalking present unique issues for its workforce.

Domestic violence, sexual violence, and stalking are workplace issues even if incidents occur elsewhere. Domestic violence, sexual violence, and stalking cross economic, educational, cultural, age, gender, racial, and religious lines and occur in a wide variety of contexts.

Resources for Supporting Staff

1. Academy of Medical Royal Colleges:
Reflective Practice Toolkit
2. Workplaces Respond to Domestic & Sexual Violence
<https://www.workplacesrespond.org/>
3. *What About You?* A workbook for those who work with others (includes self-care and org-care checklists)
www.homelesshub.ca/resource/what-about-you-workbook-those-who-work-others



Implementing CUES

Evidence-based and trauma-informed practice

CUES AN EVIDENCE-BASED INTERVENTION TO ADDRESS DOMESTIC AND SEXUAL VIOLENCE IN HEALTH SETTINGS
shown to improve health and safety outcomes for survivors

Survivors say they want health providers to:
Be nonjudgmental • Listen • Offer information and support • Not push for disclosure

C: Confidentiality

- Know your state's reporting requirements and share any limits of confidentiality with your patients.
- Always see patients alone for part of every visit so that you can bring up relationship violence safely.
- Make sure you have access to professional interpreters and do not rely on family or friends to interpret.

"before we got started I want to let you know that I won't share anything we talk about today outside of the care team here unless you want to tell me about (find out your state's mandatory reporting requirements)."

UE: Universal Education + Empowerment

- Give each patient two safety cards to start the conversation about relationships and how they affect health.
- Open the card and encourage them to take a look. Make sure patients know that you're a safe person for them to talk to.

Offering safety cards to all patients ensures that everyone gets access to information about relationships, not just those who choose to disclose experiences of violence.

"Safety cards are available for different settings, presented in a variety of languages or graphics."

"I'm giving two of these cards to all of my patients. They talk about relationships and how they affect your health. Take a look and I've also included one for a friend or family member. On the back of the card there are resources you can call or text, and you can always talk to me about how you think your relationships are affecting your health. Is any of this a part of your story?"

S: Support

- Though disclosure of violence is not the goal, it will happen – know how to support someone who discloses.
- Make a warm referral to your local domestic/sexual violence partner agency or national helpline (on the back of all safety cards).
- Offer health promotion strategies and a care plan that takes surviving abuse into consideration.

What resources are available in your area for survivors of domestic and sexual violence? How about for LGBTQ, immigrant, or youth survivors? Partnering with local resources makes all the difference.

"Thank you for sharing this with me. I'm so sorry this is happening. What you're telling me makes me worried about your safety and health..."

A lot of my patients experience things like this. There are resources that can help. (Share name, phone and a link about your local DV program) I would be happy to connect you today if that interests you.

For more information or to order materials, contact the National Health Resource Center on Domestic Violence: M-F 9am-5pm PST | 415-478-5500 | TTY: 866-478-8901
health@futureswithoutviolence.org
ip@health.org | For community health centers: ip@healthpartners.org

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Show of Hands

- How many of you have, or know someone who has ever left something out of a medical history or intentionally misreported information to their healthcare provider?
- Why? What were they worried about?



Shifting Screening

“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?)



Universal Education

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



**** If you currently have IPV/HT screening as part of your health center requirements: we strongly recommend first doing universal education.***



CUES: An Evidence-based Intervention

Confidentiality

Universal Education

Empowerment

Support





“We always see patients alone”

Before implementing CUES, establish a clinic-wide policy to see patients alone for part of every visit. Post a sign in waiting rooms and exam rooms that reads:



NEW CLINIC POLICY:

For privacy compliance, every patient will be seen alone for some part of their visit.

Thank you for your help.



UE: Health Safety Cards

Your Past Can Affect Your Health

Some parents/caregivers hurt their kids—it happens more than we think. Maybe they:

- ✓ Called you names, didn't feed you enough, couldn't love or care for you
- ✓ Injured you when they punished you or did sexual things to you or made you do things to them

Where you live and what you saw when you were a kid can affect you too. Like if you:


- ✓ Had a caregiver who was hurt by their partner, they argued a lot, or they had mental health or addiction problems
- ✓ Faced racism, lived in unsafe places, or were bullied

Even if some of this or a lot of this happened to you—it isn't the end of the story.



Administering Health Safety Cards

- I give two of these cards to all of my patients – our relationships can change and also for you to have the information so you can help a friend or family member
 - You can leave the cards on the table if you don't want to take them with you
 - If you would like to take them with you, people often put them behind their phone case or in another discrete location
- This health resource card talks about how our relationships impact our health and has a phone number for getting connected to support
- Post a sign with the cards in the restroom
 - Iowa HHS can provide a template for this



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

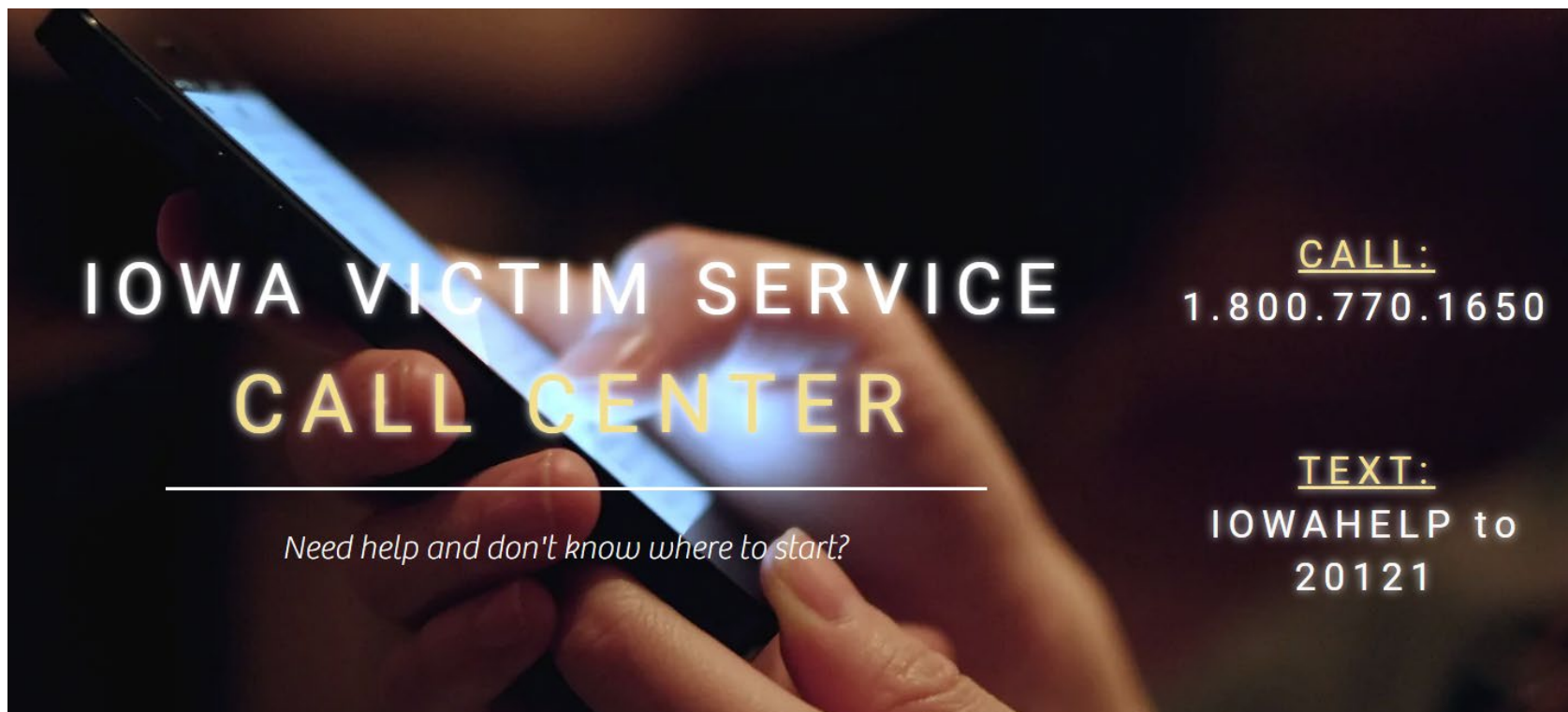


- **Be nonjudgmental**
- **Listen**
- **Offer information and support**
- **Don't push for disclosure**



(Chang, 2005)

S: Providing a “Warm” Referral



**IOWA VICTIM SERVICE
CALL CENTER**

Need help and don't know where to start?

CALL:
1.800.770.1650

TEXT:
IOWAHELP to
20121

Advocate

Free and confidential support

Advocates connect patients to additional services like:

- ✓ **Crisis counseling**
- ✓ **Referral**
- ✓ **Mental health providers**
- ✓ **Housing**
- ✓ **Legal advocacy**
- ✓ **Support groups/counseling**

Contact Information

■ <https://www.icadv.org/iowa-victim-service-programs>

VICTIM SERVICE PROGRAMS

IOWA HELPLINE:
1-800-770-1650
 text 'IOWAHELP' to 20121
www.survivorshelpline.org

VISIT THE PROGRAM WEBSITE BY CLICKING ON THE LOCATION.

* Culturally-Specific Service Programs

ADEL	Crisis Intervention & Advocacy Center	PO Box 40 Adel, IA 50003	1-800-550-0004	Office: 515-993-4095 Fax: 515-993-2131	Dallas, Guthrie, Adair, Madison, Adams, Union, Clarke, Taylor, Ringgold, Decatur	Domestic Abuse, Sexual Abuse & other Violent Crimes
AMES	ACCESS: Assault Care Center Extending Shelter & Support	PO Box 1429 Ames, IA 50014	1-800-203-3488	Office: 515-292-0500 Fax: 515-292-0505	Story, Boone, Greene, Marshall, Tama	Domestic Abuse, Sexual Abuse
CEDAR RAPIDS	Waypoint Services	318 5th Street SE Cedar Rapids, IA 52401	1-800-208-0388	Office: 319-365-1458 Fax: 319-365-2263	Benton, Jones, Linn, Black Hawk, Buchanan, Delaware, Dubuque	Domestic Abuse

Safety Planning

- Continuation of care
 - When someone is being transferred to a metro hospital
 - Due to HIPAA I am unable to confirm or deny
- Patient care
 - After your visit today where do you plan to stay?
 - When is the last time you had a meal?
- In-house resources
 - Referral to hospital social worker?
 - Application to cover the cost of care?

Share what has worked in your area

Voice & Choice Examples

- Do you want me to listen or would you like me to do something else?
- I can see if that is an option.
- Would you like to pause the interview to talk more about how that impacted you?
- Thank you for telling me that.
- How did that make you feel?

Share what comes naturally to you

Prepare Your Practice

There are six steps to prepare your practice:

- Build buy-in for your DV/SA program
- Support staff in addressing their own experiences of violence
- Create or update policies or protocols on DV/SA
- Measure quality improvement
- Enhance the clinic environment by displaying patient and provider tools
- Document and code



CUES: Trauma Informed Intervention

C: Confidentiality: See patient alone, 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 to 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....and situations where youth are made to do things they don't want to do and tips so you don't feel alone."

S: Support:

"On the back of the card there are 24/7 text and hotlines that have folks who really understand complicated relationships. You can also talk to me about any health issues or questions you have."



National Health Resource Center on DV: Technical Assistance and Tools



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



To order cards, or for more information, resources and support:
E-mail: health@futureswithoutviolence.org
www.futureswithoutviolence.org/health
Phone: 415-678-5500 TTY: (866) 678-8901

Follow-up

- This was an introductory training

- Additional services (at no cost to you) include

- Policy review

- Provide a list of recommendations
 - Provide a work plan with timelines to accomplish

- Check-in

- 3 – 6 months follow-up communication to see what practices, process, or policy changes took place and what additional support is needed

- In-person skill building practice

- Culturally specific
 - Safety planning
 - Scenarios
 - Q & A

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Safety cards are available for different settings, languages and a variety of languages at cueshealth.org

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cueshealth.org | For community health centers: cueshealthpartners.org

FUTURE WITH US
Violence Prevention

Thank You

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Please complete our training survey