FUTURES WITHOUT VIOLENCE

Supporting Survivor Health: Strategies for Advocates

INTRODUCTION

Now more than ever, the time is right for domestic and sexual violence (DSV) advocates to enhance a focus on health and wellness to promote survivor health. Integrating onsite health assessment and health services into domestic violence programs provides an important resource for clients to access health care, resources and information. In addition, it provides an opportunity for domestic violence programs to create a culture of wellness and develop a more comprehensive array of services for their clients and staff.

DSV advocates care about the health and wellbeing of the survivors they are working with. One cannot go into this field without being mindful of the ways that DSV takes a physical, mental, and emotional toll on survivors who are experiencing abuse at the hands of an intimate partner. However, many DSV programs focus on a very narrow range of acute health needs – those associated with physical or sexual injury from recent incidents, for example.

> The current challenge for advocates is to think about the many different ways that they can support survivor health and wellness, in addition to promoting safety, by providing services that address health as a whole: general health, mental health, and sexual/reproductive health.

There is currently a well-documented body of literature that demonstrates the long term effects of ongoing trauma on the health and well-being of the people experiencing it. Most notably, the ACES studies conducted in the late 90s and early 2000s have repeatedly demonstrated that untreated and unresolved trauma causes long term health effects. Commonly understood effects include drug and alcohol use, suicide attempts, depression, anxiety, PTSD, and acute injuries. Where the ACES studies were most valuable, however, were in their contributions to our understanding of the less common effects. A number of adverse childhood experiences can lead to long term problems with asthma, obesity, diabetes, and heart conditions to name a few.

Early childhood trauma and repeated trauma can lead to early death even after survivors have long since been removed from the traumatic experience.[i]

In addition, the Centers for Disease Control and Prevention have found that the long term health effects of domestic violence can range from asthma to hypertension to cancer.[ii]

Equally important when working with survivors of DSV, and the children who witness, is the body of literature that focuses on resiliency factors. Studies that show that human beings are remarkably adaptable and resilient. Given the proper supports and treatments, many people can overcome the effects of trauma and live full and productive lives.[iii]

It can be overwhelming when thinking about adding or enhancing health services provided by DSV service agencies. Resources are scarce and there is never enough time to address all of the needs that survivors present. However, advocates are in a unique position to intervene and reduce health consequences related to DSV:

- Good health is an important step to healing from DSV. Survivors are often kept from accessing health services, or not able to prioritize their own health because of the abuse. Coming to a DSV program may be the first time that they have been able to address their health needs in a long time.
- Beyond safety, we know that advocates support survivors around all of the different ways that DSV can affect their lives – a job, housing, children, etc. – health is another intersecting issue that survivors may want to focus on.
- Advocates have the opportunity to implement time-sensitive interventions to prevent unplanned and unwanted pregnancy. A focus study conducted by the National Domestic Violence Hotline found that 25% of callers had experienced reproductive coercion, pointing to the importance of talking to survivors about the availability of emergency contraception.
- Advocates can be members of the health care team, acting as liaisons with health providers to support survivors who may be intimidated by or distrustful of, the medical system.
- Promoting health at a DSV organization can encourage a culture of health at the organization to flourish, not just for clients, but for staff as well.

Health as a Core Value of DSV Programs

Health is a universal need. Regardless of where a survivor lives/ comes from, what their presenting needs are, and what their ultimate goals in life are, all survivors desire health and have health needs. The acute health needs are often the only health needs a survivor will address, because they are mainly focused on the behavior of the abusive partner, planning for safety, and protecting dependent children.

Even if advocates address the acute health needs in the context of safety, the chronic or untreated health needs that are sitting below the surface will impact a survivor's ability to concentrate, move forward on goals, and even recover from current acute injuries.

Addressing the cascading effects of trauma and health eases a burden for survivors. It also conveys the following powerful thoughts that are critical for survivors who have been reduced in self-efficacy by the abuse:

I see you and you are important. Your health is important. It is okay to take care of yourself while you are trying to take care of everyone else.

Engaging survivors in a discussion about health needs is an easy way to show advocates care about survivor wellbeing. Connecting survivors to health services can be very rewarding for survivors, who can finally ease their minds about whether that troubling set of symptoms is harmless or life threatening, and get relief. An early accomplishment like improving health access can encourage survivors to tackle more complicated and discouraging tasks, like finding sustainable income and safe housing. Talking about mental health or sexual/reproductive health also normalizes these topics and makes it okay to break the cultural taboo on discussing health needs in these areas. For survivors facing possible STIs or unwanted pregnancies, knowing that it is safe to discuss these concerns can prevent the long term negative consequences that silence often causes.

Creating Culture of

Wellness in Domestic & Sexual Violence Advocacy Programs: Values and guiding principles applied to addressing health needs of survivors

As advocates what do we value? What is our role?

Support, self-determination, harm reduction, options for safety
These values can drive health advocacy as they do with other kinds of advocacy
Meeting survivors where they are at?
Safety or not experiencing violence might not be people's priority

Health Impact

Preparing Your Program

There is no "one size fits all" model for delivering health services in domestic violence programs. There are many models for providing health services in DV programs, ranging from integrating reproductive coercion assessment into shelter intake, to creating full-scale onsite clinics. Each community should consider their specific needs, resources, and potential challenges. Getting feedback from stakeholder groups (e.g. advocates, health care providers, and other community partners) will help ensure that you shape a program that is responsive to survivors' needs and practical for providers. In addition, it is important to review the existing policies and protocols related to health and domestic violence that your program may have, and update them as needed.

Although many program elements will vary, there are some key components to building successful health services into DV programs:

- Training for advocates on the connection between health and domestic violence
- Cross-training between health providers and domestic violence advocates

- Developing DV program policies with feedback and guidance from health care partners
- Developing relationships with local health care providers and offering warm referrals to those services
- Maintaining an up-to-date health resource and referral list
- Creating a supportive environment by displaying educational materials and posters about the connection between experiencing abuse and negative health outcomes, such as a poster that says "Ask me about emergency contraception!"
- Ensuring that culturally relevant resources are available

Included in the appendices are sample forms and protocols that have been adapted from the work done in a wide range of DV programs from around the country exemplifying these service delivery models, as well as resources Futures Without Violence has developed as part of ongoing work with other states building DV advocacy-based health programs. Links to other resources are also included in this toolkit.

HEALTH IMPACT

- 40% of pregnant women who have been exposed to abuse report that their pregnancy was unintended, compared to just 8% of non-abused women.[iv]
- Children born to abused mothers are 17% more likely to be born underweight and more than 30%more likely than other children to require intensive care upon birth.[v]
- Women disclosing physical violence are nearly 3x more likely to experience a sexually transmitted infection than women who don't disclose physical abuse.[vi]
- Teen victims of physical dating violence are more likely than their non-abused peers to smoke, use drugs, engage in unhealthy diet behaviors (taking diet pills or laxatives and vomiting to lose weight), engage in risky sexual behaviors, and attempt or consider suicide.[vii]
- In addition to injuries, physical and psychological abuse are linked to a number of adverse physical health effects including arthritis, chronic neck or back pain, migraine + sexually transmitted infections, chronic pelvic pain, and stomach ulcers.[viii]
- Women who have experienced IPV are more likely to be diagnosed with a variety of mental health problems including posttraumatic stress disorder; sleep problems; depression; panic attacks, and insomnia.[ix, x, xi]

Enhancing Intake Procedure

- Checking for injuries and discussing physical abuse is fairly routine. Fewer programs do screenings for head injury and for strangulation and there is much research on both of these being real health concerns. In particular head injuries may be mistaken for mental health or cognitive delay issues. Strangulation, of course, may have deadly consequences a day or two later due to swelling of the windpipe and/or unseen internal hemorrhaging.
- Adding health questions to your intake about health access is important: do you have health insurance, do you currently have a provider you trust, would you like help making those connections today/while you are here?
- Add health to your safety planning: is a partner interfering with medication and how can the survivor ensure they have access? Does the survivor know how to shield health access information from the partner if they share insurance?
- There are some very brief substance abuse screens that can be used to determine if intervention is warranted or desired.

Preventative Health and Primary Care Strategies

Many adults will forgo their own medical care but will get children care. Providing pediatric services such as immunizations for school, well child visits, acute care, can help create an environment where survivors will seek services for themselves, too.

- Access
    - Partner with a local hospital or health department – or sometimes the pharmacy – to come out and do a free flu shot clinic or other preventative health services.
    - Have a medical professional come to your organization once a week or once a month. It is preferable to work with a local health department, free clinic, or school of medicine because then the providers will carry their own malpractice insurance.
    - Some pharmacies will deliver for free and will set up an account so that they can bill your organization directly. Some private foundations funding support medical supplies and prescriptions that can be used to cover these costs.
    - Accessing health appointments – strategies and safety planning in the case of abusive partners restricting access to health visits.
- Taking Medication - strategies for if abusive partner is interfering with medication.
- Sleep – how can you help survivors who are in an abusive relationship sleep better?
- HIV Harm Reduction - partner with the local health department to provide information on harm reduction strategies, resources, and clinical services.
- Provide fitness opportunities like yoga or taking group walks.

Acute Health Strategies

- In addition to having a first aid kit, stock over the counter medications that are typically used like ibuprofen, acetaminophen, anti-histamines, and glucose tablets, etc. Also, stock heat packs and cold packs for aching muscles and bruises. While in the past many programs were hesitant to provider access to over counter medication, it is now a common practice.
- Have staff trained on various health interventions and harm reduction strategies:
    - Administering Nalaxone (known as Narcan) for potential opiate overdose.
    - Mental health first aid for survivors who are experiencing mental health crisis https://www.mentalhealthfirstaid.org/cs/
    - HIV care navigation

Reproductive Health Strategies

- Assess for reproductive coercion at intake
- Stock contraception and pregnancy tests. Make condoms available in a place where participants don't have to ask to access them.
- Partner with your local pharmacy to be able to stock emergency contraception on site.
- Provide pregnancy options counseling. Contact your local family planning program for information on pregnancy options training.

Culture of Wellness: Trauma Informed Advocacy

- Change your language to person centered: "she has bipolar disorder" instead of "she is bipolar."
- Switch to a voluntary services model – no one is required to participate in any activity to access needed safety services.
- Put up a picture board with staff names and faces together.

- Creation of safe spaces like a quiet room or a safe space where children can express their emotions without hurting themselves or others.
- Clear and easy to read information and ways to access services, declutter the walls.
- Provide classes on common troubling symptoms like nightmares, trouble sleeping, excessive crying, etc.
- Reach out to holistic/alternative health providers, who may be willing to volunteer their services for meditation, trauma-informed yoga, reiki, aromatherapy, etc.
- Adopting a harm reduction (versus a zero tolerance) policy with regards to substance abuse ensures that the many survivors who are dependent on substances can keep accessing safety services.

Health Education Strategies

- Survivors often are unaware that trauma may have contributed to or caused their health concerns – such as asthma, obesity, etc. The ACES study really helped to take the public shame out of several health conditions and this education can be very beneficial and empowering to survivors.
- Many abusive partners will prevent health care or will give deliberate misinformation on health care, particularly to immigrant women who many not know U.S. systems. Health education can counter what an abusive partner has told them about health conditions.
- Make computers with health modules/topics available so survivors can access a health library as needed. Bookmark local clinic websites for easy access to make appointments.
- Post health information that focuses on common issues for your population. Some of this may be seasonally related, like flu shots, immunization locations, communicable diseases that are going around. Some may be common issues like substance use, anxiety, etc.

This toolkit is not intended as a comprehensive guide to building health services in DV programs, but provides a basic introduction and sample tools. There are many innovative programs around the country working to integrate health services into DV programs, including Rose Brooks Center in Kansas City, MO, Washington State's support to Pregnant and Parenting Teens and Women Program, Haven in Warsaw, VA, and the Texas Council on Family Violence. We encourage DV programs embarking on health work to contact these programs for their perspective and expertise. Futures Without Violence will continue to share additional tools as they become more widely available.

Building Partnerships

Many health interventions are scalable and can easily fit the level of resources and needs in local communities. Interventions range from simple screen-and-referral and/or educational campaigns all the way up to full on-site medical services and/or community medical providers dedicating appointment times for survivors. However interventions are selected, survivors

benefit from the allies that advocates create in the process. Educating health providers on intimate partner violence (IPV) and the connection to health builds a network of professionals – many of whom are the first person to see a survivor and may be critical in either connecting a survivor to services, or conversely, conveying to a survivor that there is no help available. The more medical professionals who screen, respond supportively and get survivors to help, the more chances we have to save lives. Additionally, these allies in the medical field can be called on for other support:

- Educating staff and shelter residents about a communicable disease outbreak
- Supporting the agency at annual fundraisers
- Leveraging their networks to support domestic violence legislation and issues
- Helping to change the general community perception of IPV and survivor response
- Applying for joint funding opportunities to support survivors and IPV programs

Choosing Your Partner Organization

Choosing the right partner is the first step to a successful partnership and service integration. When evaluating your options for a partnership, there are many factors to assess. Consider the following:

- Do you already have an established relationship with the organization?
- Do you have a strong history of a positive and effective working relationship?
- Are the organization's mission and core values aligned with those of your organization?

- How strong is the organization's infrastructure?
- Is the organization well-funded?
- Is the organization located in close proximity to your service area?
- What do you understand about the organization's ability to set and accomplish goals and follow through with projects?
- How strong is the organization's network within the community?
- Do you respect the organization and its leadership style and approach?
- Is your communication style compatible?
- Do you have experiences working through conflicts together?
- Can you envision a strong and effective partnership with the organization, with and without funding?

It may be best to choose a partner with whom you already have an established, healthy working relationship. The more you know about your partner organization—how they approach collaboration, their leadership style, communication tactics, ability to compromise and cooperate—the stronger the partnership will be and the less difficulties and conflicts you will encounter down the road.

It may also be valuable to consider the size and political climate of the organization. Sometimes, larger organizations or those that are a small part of a much larger system—e.g. a county health department, hospital, or university— experience greater difficulty in implementing new projects, policies, and strategies for improved services.

Formalizing the Partnership

The culture and foundation of the partnership set forth from the beginning is central to the long-term success and sustainability of the partnership. First, identify the leadership team and the key players. Clearly define the role of the partnership, as well as the role and responsibility of each member of the leadership and service team. Collectively come to an agreement on how the working relationship will be carried out. This includes:

- The greater role of the partnership within the context of the two organizations
- The role of each individual on the leadership team
- The role and duties of the frontline and administrative staff members
- The lead contact for each site
- The process for making decisions
- The preferred methods of communication
- The agreed upon communication schedule—frequency of phone and in-person meetings
- The process by which challenges and conflicts will be addressed and resolved, within and between The organizations
- The team members who will spearhead partnership evaluation, and the process and schedule by Which evaluation will happen
- If applicable, the lead contact(s) for each site monitoring and tracking funds, deliverables, and progress towards benchmarks

- If applicable, the member(s) responsible for completing and monitoring the contract agreement or Memorandum of Understanding (MOU)

The more clarity the teams have at the inception of the partnership, the more effective, efficient, and successful the outcome. This is important regardless of whether it is a formal partnership as defined by a grant contract or funder, or an informal one. If the partnership is informal, in that it is not structured by a funder or contract, it is recommended to formalize the partnership by establishing a written and signed partnership agreement or MOU. Formalizing the partnership in writing helps to solidify and substantiate the working relationship, the roles of the members involved, the collective decision making process, and the mutually beneficial expected outcomes. Although all of these elements are important, one of the central considerations to partnered success is the process by which challenges, disagreements, and conflicts will be addressed and resolved. Discussing this clearly at the beginning of the partnership will facilitate ease when differences arise.

Identifying Goals and Projected Outcomes

Next, strategize, identify, and formalize the core partnership goals and projected outcomes the leadership team hopes to accomplish. Goals should be mutually beneficial to the organizations and the individuals served. They should enhance capacity and improve systems of care within the targeted community or service area.

Keeping the Goal in Mind

It is important to keep the common goal in mind throughout this process, and particularly during the development phase and when challenges arise. Months down the road when facing turbulence, setbacks, or disagreements, remember why you started this work: *to better serve your patients and clients*. Keep in mind the goal to see domestic violence and health services as one interconnected service network built on the foundation that good health is part of healing. Work from the viewpoint that more than likely, everyone involved is operating from good intentions.

DV and health sites have equal power and responsibility to empower and support good health, safety, and wellness in their clients and patients, thus improving their overall quality of life. DV and health sites are equally important thresholds for care, and in order to provide the best possible care, there must be a complete service integration between advocates and providers. The underlying goal is for health care to be an entry point for DV prevention, screening, intervention, and support (remembering that disclosure is not the goal), and for DV programs to be a pathway to overall healing and wellness, addressing physical/mental health and reproductive life planning within the context of the safety plan.
Recognize and remember throughout this process that there really is no separation between the two.

What can advocates do?

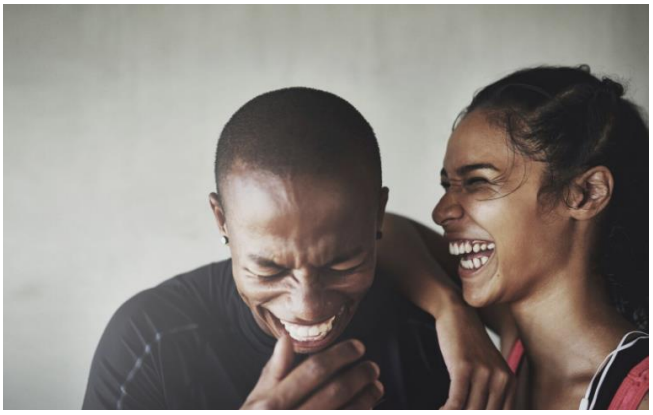
- Create and maintain a partnership with a preventative or reproductive health clinic and other health center

- Recognize that each organization plays a key role in this level of service integration to promote better health, safety, and healthy relationships
- Adopt simple, integrated interventions, and strategic innovations
- Reframe the shelter and DV program as a wellness center

What can health care providers do?

- Create and maintain a partnership with a DV program and/or DV task force
- Recognize that each organization plays a key role in this level of service integration to promote better health, safety, and healthy relationships
- Adopt simple, doable, quick assessment, and response strategies for the health care setting—providers have a unique opportunity for early detection and intervention of IPV and domestic/sexual violence
- Reframe the clinic as an integrated wellness center with expanded support systems for DV

Lastly, keep in mind that the bigger goal of this work is long-term sustainability. It is a deep-rooted vision and investment that was designed to forever change the landscape of care for DV victims and survivors, informing policy improvements at the local, state, and national level. As you move forward in your own unique partnership, keep sustainability at the forefront of your design as you shape and reshape the strategies for carrying out this work.



Identifying and Addressing Barriers

Integrating and expanding new services often brings up challenges with staff. In the development phase, take time to explore barriers, biases, and resistance that come up for staff. They are being asked to take on a whole new service model or modify an existing one—if even just by taking a few baby steps—and their enrollment in the process is vital to the success and sustainability of the work. Just as personal biases and beliefs must be explored and addressed in any type of counseling (pregnancy options counseling, DV counseling, STI/HIV counseling) the same must be done when integrating DV and health services.

Often times, advocates feel resistant to addressing health issues, especially reproductive health and reproductive coercion, in the shelter setting. They don't see the need, they don't understand the reasoning behind their new involvement with these issues, and they are uncomfortable talking about such intimate issues like sex, sexual practices, birth control, and emergency contraception, to name a few. At the same time, clinic staff often feel overwhelmed, uncomfortable, and may even experience emotional triggers when asked to start talking to patients about healthy relationships, intimate partner abuse, and domestic/sexual violence or adolescent relationship abuse.

They often express uncertainty about how to handle the situation if a patient discloses information about abuse, and they express fear and/or anxiety at the thought of having to file a mandated report. They may feel unprepared in their understanding about what constitutes a mandatory report, and more importantly, what happens after a report is made. Lastly, there is the issue of time. It is common for team members to feel resistance or hesitance due to the simple fact of time, or lack thereof.

Whatever the barriers are for your staff, spend time talking about them, addressing them as best as possible, and reframing them with realistic opportunities before moving forward with implementation.

Common barriers for advocates:

- Not understanding the correlation between DV and health
- Not believing it is necessary or a priority to talk to victims/survivors about health
- Overall discomfort talking about sexual health and related topics
- Lack of adequate training and knowledge of reproductive health
- Not knowing what to do after a client discloses
- Overall lack of awareness of available resources
- Time factor

Common barriers for providers and clinic support staff:

- Not understanding the correlation between DV and health
- Not believing they have any power to help someone experiencing domestic/sexual violence
- Overall discomfort talking about domestic violence and related topics
- Lack of adequate training and knowledge of DV indicators, effective screening techniques, mandatory reporting, and safety planning
- Not knowing what to do after a client discloses
- Overall lack of awareness of available resources
- Time factor

Off Site Partner Strategies

- Look for dental schools or similar that are looking for patients. Offer IPV education to the students in exchange for free services for survivors.
- Mobile HIV testing vans and health department vans can come to your agency and provide services in your parking lot to cut down on transportation costs and malpractice insurance issues.
- See if a medical provider is interested in housing an advocate at their site. This may also be a way for the Health clinic to bill for IPV screening and a contract can be set up to give a small stipend or donation to the IPV organization in exchange.
- Visit day treatment programs and recovery centers to see which ones are most trauma informed and survivor centered. Add these to your resource lists.

- Through your local DVCC or similar collaborative group, encourage health care providers to screen for IPV with every patient. Try to get it implemented at a policy level.

Workplace Development: Supporting Staff Exposed to Violence

Supporting Advocates

Finally, the addition of health services for survivors can be extremely beneficial to the advocates who work in this field. It is impossible to work with survivors for any length of time and not absorb some of the trauma. Repeatedly confronting the worst of human behavior, seeing and hearing the aftereffects of the abuse, and feeling helpless to impact the challenging circumstances of survivors' lives creates vicarious trauma and burnout. Advocates also may not take care of their own health needs – pushing themselves to come to work when ill, unable to afford health care due to their own financial circumstances, and minimizing their own needs when comparing them to the lives of the survivors they work with.

A focus on health services for survivors can be done with a parallel focus on advocate health needs. Simultaneous yoga and meditation classes, knowing resources for low cost and accessible health providers, and the daily practice of reinforcing that one must take care of one's own health needs before attending to others – all of these can provide resilience against vicarious trauma and promote advocate wellbeing. In addition, connecting survivors to health needs can be very rewarding to advocates who are used to facing numerous obstacles in connecting survivors to resources. In a sense, health services becomes an "easy win" and can strengthen the relationship between the survivor and the advocate with the survivor seeing the advocate as begin effective and supportive.

Connections with medical providers can also provide advocates with free continuing education opportunities. As IPV providers conduct presentations to mental health and reproductive services organizations on general IPV and survivor engagement, a trade for presentations can be made to have those providers come in and enhance IPV advocate skills on understanding depression and anxiety or what emergency contraception is. A better educated staff increases morale, promotes a trauma informed understanding of troublesome behavior, and reduces misinformation.

Parallel services for advocates and staff:

- Education on the effects of trauma for survivors and education on managing trauma triggers/vicarious trauma for staff.
- Creation of a quiet room for survivors and a staff lounge for staff.
- Meditation classes for survivors, a day of free massages for staff.
- Joint classes for survivors and staff to do yoga.
- Health information for survivors and EAP/human resources information given out to staff.
- Improved nutritional quality of meals for survivors and starting a "healthy happy hour" for staff: invest in a juicer/blender and a small budget for making smoothies with a dedicated time each week to meet up.
- Symptom management classes for survivors and establishing a bowling league (or similar) for staff.
- Helping survivors sign up for health care (visit healthcare.gov) and establishing an HSA for advocates to help them meet their health care costs.

CONCLUSION

Focusing on health is a win-win situation for survivors and advocates. The benefits to survivors, the community, and advocates themselves are numerous. Reduction of trauma and stress, building support networks and communities of allies, and increasing resiliency in survivors and advocates are all outcomes of increasing health services and tie in directly to many IPV service provider mission statements. Remember that interventions can be very simple, and can be scaled up over time as survivors identify needs and networks of providers grow. Everyone deserves health, and advocates are in a great position to ensure that survivors can assert this basic right.

APPENDICES

General Health Resources

- Creating a Health Care Resource Sheet
- Birth Control Education Handout
- The Affordable Care Act & Women's Health Fact Sheet
- Impact of New Federal Health Coverage Rule for Domestic and Sexual Violence Advocates Memo
- FAQ: Implementation of DSV Screening and Counseling Guidelines
- Sample MOU Between Health and DV Program

Resources for DV Programs Addressing Reproductive Health

- Focus Survey Summary: Reproductive Coercion Reports by Callers to National Domestic Violence Hotline Survey
- *Did you know? Sexual and Intimate Partner Violence Affects Your Health* (sample client education brochure created by Ohio Domestic Violence Network)

• *Frequently Asked Questions About Making Over-the-Counter Medication Available in Domestic Violence and Sexual Assault Programs* (information sheets for advocates)
• Excerpt from Rose Brooks Center's Strategic Plan (Kansas City, MO)
• Sample Reproductive Coercion Protocol

Creating a Shelter-Based Health Clinic

• Guidelines for Shelter-Based Health Care Clinic
• Emergency Contraception Checklist (for advocates)
• Daily Patient Sheet (for health care providers)
• Goals and Priorities While in the Shelter Form (for health care providers or advocates)
• Shelter-Based Health Care Clinic Progress Note (for health care providers)
• Follow-Up Needed Sheet (for health care providers)

QA/QIs

• Quality Assessment/ Quality Improvement Tool
• Workplace Policy Sample
• Self-Care Check Lists

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