

ORANGE COUNTY WOMEN'S HEALTH POLICY BRIEF: HEALTH & DOMESTIC VIOLENCE

October 2014

Establishing a countywide, integrated and collaborative Health & Domestic Violence System in Orange County

EXECUTIVE SUMMARY

The Orange County Health & Domestic Violence (HDV) Task Force has determined that the local healthcare sector is not adequately addressing the health impacts of domestic violence, nor is it integrated with the shelter, social, legal and other services that support domestic violence victims in Orange County. Such gaps contribute to poor health outcomes for local domestic violence victims. Accordingly, the Task Force recommends the establishment of a countywide, integrated, and collaborative Health & Domestic Violence System in Orange County. Such a system will strengthen the healthcare sector's response to domestic violence, while improving access to, and facilitating delivery of, services for domestic violence victims. To this end, the HDV Task Force recommends the following strategies:

1. Develop and deliver on-site **Cross-Disciplinary Training** programs about health & domestic violence for healthcare and service providers.
2. Establish a comprehensive, up-to-date, user-friendly **Central Clearinghouse** that can be accessed online or by telephone and that facilitates smooth referrals.
3. Develop and launch a **Public Health Campaign** with the message that domestic violence affects your health, you are not alone, and help is available from your healthcare provider.
4. Assess the local need and the county's capacity to deliver **Mental Health & Substance Abuse** services for domestic violence victims.

INTRODUCTION

In 2011, the Orange County Women's Health Project (OCWHP) convened a coalition of over 30 local women's health stakeholders to begin addressing gaps in women's health needs in Orange County. The group reviewed approximately 200 data sets from national, state and local sources and assembled a set of 40 Women's Health Indicators for Orange County women. While analyzing the data, the OCWHP and its coalition partners identified three priority health issues affecting women across the county — issues that were affecting a great number of women in Orange County; issues for which local women were not doing as well as their peers or against established benchmarks; and issues that were not otherwise being addressed collaboratively in the county and which had policy potential. These three priority health issues for Orange County women are health & domestic violence, breast & cervical cancer, and teen reproductive health.

The OCWHP presented these findings at the inaugural Orange County Women's Health Policy Summit in 2012, and based on the feedback from the event, decided to launch Task Forces to address each priority women's health issue. In the Spring of 2013, the OCWHP partnered with the four Orange County-based domestic violence organizations (Human Options, Interval House, Laura's House and Women's Transitional Living Center) to launch the Health & Domestic Violence (HDV) Task Force, which now includes over two dozen stakeholder organizations and agencies.

The original purpose of the HDV Task Force was twofold - to raise awareness that domestic violence is a health issue, and to train local healthcare providers how to screen, counsel, and make appropriate referrals for domestic violence. This focus on health and domestic violence was

INTRODUCTION (cont.)



motivated largely by the Affordable Care Act, which since 2012 has required non-grandfathered plans to cover screening and counseling for domestic violence as a women’s preventive health service, without cost-sharing to the (female) patient.

In October 2013, Blue Shield of California Foundation (BSCF) awarded a planning grant to the OCWHP to lead the HDV Task Force in developing a vision for a countywide, integrated and collaborative Health & Domestic Violence System in Orange County. During this six-month “HDV Planning Project,” the OCWHP identified and engaged key stakeholders; conducted a needs assessment on the gaps between the healthcare sector and other sectors that support domestic violence victims; scanned the literature and best practices; and evaluated different strategies to address the gaps. In March 2014, the OCWHP delivered a final Planning Report to BSCF and recommended four strategies that, if implemented in a coordinated manner, would establish a countywide, integrated, and collaborative HDV System in Orange County. In September 2014, BSCF awarded a generous grant to support the implementation, coordination and evaluation of the recommendations. The four strategies are, in order of priority:

1. Cross-Disciplinary Training

The objective of this strategy is to promote consistent domestic violence screening, counseling, and referrals by healthcare and social service providers in Orange County.

2. Central Clearinghouse

The objective of this strategy is to create a comprehensive, up-to-date, and user-friendly resource for domestic violence services/materials that can be accessed online or by telephone, and to facilitate smooth referrals for domestic violence services in Orange County.

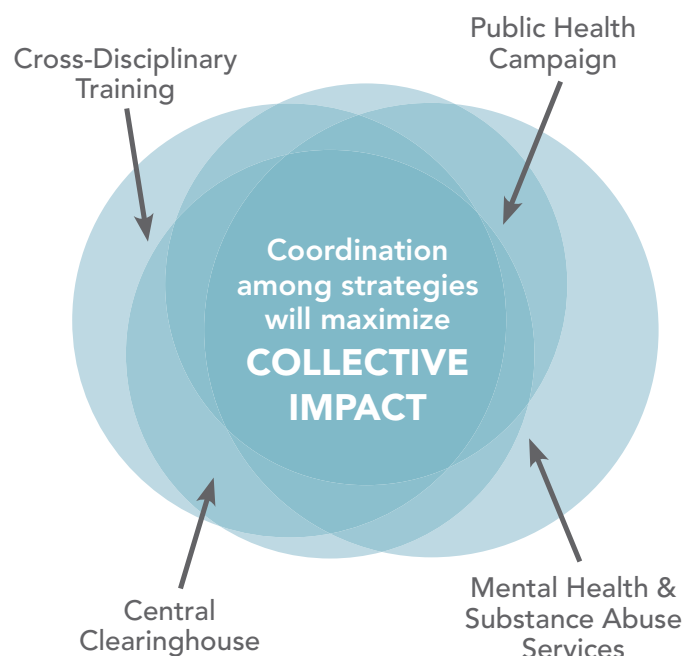
3. Public Health Campaign

The objective of this strategy is to increase awareness of domestic violence as a health issue and reduce stigma around domestic violence in general.

4. Assess Need & Capacity for Mental Health & Substance Abuse Services

The objective of this strategy is to facilitate and increase domestic violence victims’ access to needed mental health and substance abuse services in Orange County.

In addition, the HDV Task Force noted that implementation and evaluation of the four strategies will require a phased approach as well as a **structured coordination effort** that facilitates cross-strategy collaboration, promotes relationship building, minimizes duplication of efforts, and ensures the strategies collectively establish the robust, integrated HDV System contemplated by the Planning Project, as illustrated below:



KEY ISSUE

This Policy Brief is concerned with the lack of a countywide infrastructure in Orange County to address domestic violence as a health issue.

OVERVIEW OF DOMESTIC VIOLENCE AND HEALTH

Domestic Violence (also referred to as Intimate Partner Violence, or Interpersonal Violence) is defined as “a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person.”^{1,2,3}

Nationwide, one-quarter to one-third of American women report being physically or sexually abused by a husband or boyfriend at some time in their lives,^{4,5} leading the U.S. Centers for Disease Control and Prevention (CDC) (as well as the World Health Organization (WHO)) to characterize domestic violence as a national (and international) public health problem.^{6,7} According to numerous studies published over the last two decades, victims of domestic violence and their children experience serious medical issues, including not only the physical injuries inflicted during an attack, but also the symptoms of post-traumatic stress disorder, depression, and anxiety that surface long afterward. Moreover, women victims suffer higher rates of chronic pain, recurring central nervous system symptoms (such as fainting and seizures), gastrointestinal disorders, and gynecological problems.⁸ Similarly, children who have been exposed to family violence also suffer symptoms of post-traumatic stress disorder and are at greater risk than their peers of having allergies, asthma, gastrointestinal problems, headaches and flu.⁹ When these exposed children become adults, they are at greater risk of tobacco use, substance abuse, obesity, cancer, heart disease, depression and unintended pregnancy.¹⁰ For both victims and their exposed children, the health impacts of domestic violence are profound.

As the link between health and domestic violence has become increasingly emphasized in the literature, so has the role of the healthcare provider in the screening and treatment of domestic violence. The American Congress of Obstetricians and Gynecologists (ACOG) and other professional health associations have endorsed screening and



counseling for domestic violence by healthcare providers.¹¹ Moreover, the ACA requires non-grandfathered insurance plans to cover, without cost-sharing to the patient, screening and counseling for domestic violence as a preventive women’s health service.¹² In other words, the ACA recognizes screening and counseling for domestic violence as a *preventive* measure, and it encourages healthcare providers to screen and counsel by covering the service and by eliminating the cost barrier for patients. This represents an important paradigm shift in how we think about the healthcare setting – as a safe and trusted early intervention point where domestic violence victims may begin accessing services or support.

Moreover, a recent survey of California residents funded by BSCF found that the public wants the healthcare community to become more engaged in dealing with domestic violence, including earlier intervention and referral support. The same survey found the majority of respondents approve of treating domestic violence as a public health issue and prefer that doctors and nurses receive training to screen patients for potential domestic abuse before it occurs.¹³

THE NEED IN ORANGE COUNTY

DOMESTIC VIOLENCE IN OC

Orange County women experience domestic violence at comparable rates to women throughout the country. As of 2009, 26.3% of Orange County women have experienced physical or sexual violence by an intimate partner as an adult.¹⁴

Unfortunately, very little attention has been paid to domestic violence as a *health issue* in Orange County. Although there are two domestic violence coalitions in Orange County (the OC Family Justice Center and the OC Family Violence Council), both of which promote coordination of social, legal and law enforcement services for domestic violence victims, neither has focused on coordination of healthcare services with these other services, nor has the resources to do so.

Accordingly, as part of the HDV Planning Project, the OCWHP conducted a needs assessment to assess the current landscape and identify needs and gaps across the healthcare and domestic violence sectors. The needs assessment included a review of existing data, interviews with 13 key informants, a focus group of 7 social service providers, and surveys of 47 healthcare providers, 148 social service providers, and 53 domestic violence shelter clients. Participating stakeholders confirmed there was no consistency regarding screening and counseling for domestic violence in Orange County, and that there is no comprehensive resource directory for domestic violence services or referrals. The needs assessment identified the following critical needs for Orange County:

1. For Awareness and Education:

- Increase awareness of domestic violence as a health priority among healthcare providers and the general community
- Create training opportunities about the health consequences of domestic violence, screening and counseling, referrals, mandatory reporting, documentation
- Overcome the cultural norm of fear, distrust, and shame around domestic violence



2. For Engagement and Screening:

- Equip providers with training and screening tools needed to confidently and compassionately engage patients and clients on domestic violence
- Encourage healthcare providers to conduct regular domestic violence screenings and domestic violence service providers to conduct regular health screenings

3. For Referrals:

- Maintain an updated list of domestic violence resources available for referral
- Facilitate warm hand-offs
- Reduce barriers to access (lack of transportation, childcare, etc.)
- Build capacity for mental health and substance abuse services for domestic violence victims

These local needs are generally supported in the literature, with one clarification – there is no consensus in the literature that a single validated screening tool should be used in all medical settings universally. Nevertheless, there is growing agreement that screening coupled with counseling and referrals may help, and will not harm, patients struggling with domestic violence.¹⁵

THE STRATEGIES

Based on the above findings from the needs assessment and the scan of the literature and best practices, the HDV Task Force recommends four strategies, as well as a facilitator to coordinate the implementation of the strategies and evaluate their collective impact.

1. CROSS-DISCIPLINARY TRAINING (CDT)

The HDV needs assessment revealed that Orange County healthcare and social service providers are not consistently screening or counseling their female patients about domestic violence. Although some local hospitals have introduced screening and counseling in limited settings (such as the Emergency Room or during OB/GYN visits), many local providers fail to screen because they don't think it is their role, they believe they don't have time, they don't have any institutional support or infrastructure, they don't know how to broach the subject, they don't know where to send their patients for help, or they are worried about having to make a mandatory report. All of these reasons are confirmed in the literature.



Accordingly, the HDV Task Force's first recommended strategy is to create a Cross-Disciplinary Training (CDT) Team (or Teams) that will deliver specialized training at various healthcare and social service settings. **The CDT's objective is to promote consistent domestic violence identification, counseling, and referrals by healthcare and social service providers throughout Orange County.** The CDT Team(s) will therefore include representatives from multiple sectors, including domestic violence organizations, healthcare, mental health, legal, law enforcement, and social services.

The training will incorporate existing materials and best practices developed by national experts such as Futures Without Violence (i.e. the National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings) and borrow curricular elements of local 40-hour domestic violence training programs. The training will cover a range of topics, including:

1. **The cycle of violence**
2. **Health impacts of domestic violence on victims and their children**
3. **Why and how to screen and counsel**
 - Validated and promising screening tools
 - Motivational interviewing techniques
 - How to document and incorporate into day-to-day practice
4. **How and where to make referrals**
 - How to make and document referrals
 - How to use the Central Clearinghouse
 - What happens after a referral is made
5. **Limits of confidentiality & mandatory reporting**
 - How to communicate the limits of confidentiality to the patient
 - How and when to make a mandatory report
 - How to document the report
 - What happens after a report is made
6. **Potential reimbursement**
 - National efforts to secure reimbursement for domestic violence screening & counseling
 - Preventive service codes to test locally
7. **Other Resources for providers**

The Task Force anticipates the CDT strategy will impact the overall system in Orange County by increasing opportunities for providers to learn about domestic violence, its health impacts, and the benefits of screening and counseling. These benefits, coupled with the prospect of potential reimbursement for screening and counseling, will hopefully incentivize providers to screen and counsel. Moreover, the CDT strategy will expose providers to other stakeholders and foster collaboration, promote resource sharing, improve communications, and build relationships – all of

THE STRATEGIES (cont.)

which will help establish a shared, countywide Health & Domestic Violence process and system. Furthermore, by empowering providers to screen and counsel, the CDT will normalize discussion about domestic violence, especially in the healthcare setting. Finally, the CDT strategy will increase the number of providers who seek assistance and/or referrals from the Central Clearinghouse, as discussed below.



2. CENTRAL CLEARINGHOUSE (CC)

One of the most significant findings of the HDV needs assessment was that even the most well-intentioned and well-trained providers will not screen their patients if they do not know where to refer them for additional services. Moreover, even if they know where to refer, they will not screen if they have had difficulty connecting patients to referral sites. In addition, many providers have developed their own list of resources for internal use, but there is no common directory with a comprehensive list of agencies, services and resources for domestic violence victims, nor is there a simple way to ensure a “warm handoff” from the provider to the referral site. During the HDV needs assessment, some providers also complained that they cannot get through a referral site’s automated phone system to speak to a live representative, or that their patients/clients lack transportation to get to the site, or the eligibility criteria are too complicated.

Accordingly, the HDV Task Force’s second recommended strategy is a Central Clearinghouse for Resources and Referrals. **The objective of the CC Strategy is twofold - to create a comprehensive, up-to-date, and user-friendly resource directory for domestic violence services and resources that can be accessed online or by telephone, and to facilitate smooth referrals for domestic violence services.**

The Central Clearinghouse (CC) strategy will involve three components:

1. A comprehensive, searchable online database;
2. A telephone helpline staffed by information & referral specialists who can answer questions, conduct searches, or call referral sites (with the client on the line) and pass the client onto the referral site (the “warm handoff”);
3. A dedicated domestic violence webpage where providers and patients/clients may review and download relevant domestic violence content such as safety plan checklists, validated screening tools, web-based trainings on how to screen and counsel, etc.

The Task Force anticipates the CC strategy will impact the overall system in Orange County by creating a one-stop, comprehensive, current and user-friendly central clearinghouse with resources, services, materials for providers and consumers, as well as streamlining the referral process. As a result, providers will know they can refer their patients/clients and will be more inclined to screen for domestic violence.

3. PUBLIC HEALTH CAMPAIGN (PHC)

The third recommended strategy is a Public Health Campaign (PHC). **The objective is to raise awareness of the health impacts of domestic violence and to reduce stigma around domestic violence.** The HDV Task Force recommends the campaign primarily focus on young adults of reproductive age, because this is generally the age of first exposure to domestic violence within their own relationships, and because pregnant women are especially vulnerable to abuse.

In addition, the HDV Task Force recommends that posters and wallet cards be distributed in hospitals, community clinics, and other healthcare sites throughout the county to reinforce the message that domestic violence is a health issue and help is available from a healthcare provider. Fortunately, several national organizations (e.g. Futures Without Violence and National Resource Center on Domestic Violence) have developed HDV messages and posters for specific populations and healthcare settings.

THE STRATEGIES (cont.)

The Task Force anticipates the PHC strategy will impact the overall system in Orange County by facilitating consistent messaging around domestic violence as a health issue, normalizing discussion about domestic violence in healthcare and social service settings, and increasing public awareness of domestic violence in general. In addition, the PHC will prompt members of the public to ask their healthcare provider for help, motivate providers to prepare to respond to such inquiries, and increase the number of providers and victims who seek assistance and/or referrals from the Central Clearinghouse.

4. ASSESS NEED/CAPACITY FOR MENTAL HEALTH & SUBSTANCE ABUSE SERVICES (MH/SA)

Another significant finding from the needs assessment is the perception that domestic violence victims often have unique mental health or substance abuse needs that are not currently being addressed. For example, domestic violence shelters are unable to house a victim with severe mental health or substance abuse issues, because the shelters do not have on-site medical staff nor are they equipped to manage such conditions, and because of the possibility that the victim's behavior may put the other residents or staff at risk. Moreover, some victims arrive at a shelter with a known mental illness, but they forgot their medication in their haste to leave, or they want to change doctors because their abusive partner knows about their current doctor. Some victims have insurance but are afraid to use it for fear that the Explanation of Benefits will be sent to the abusive partner. Others have no insurance and cannot afford medical care.

Needs assessment participants expressed that they would like to help their clients access needed mental health and substance abuse services, and they want to develop strategic relationships and open communications with these mental health and substance abuse providers to facilitate their clients' compliance with treatment protocols. They either do not have such relationships, or they believe that there aren't enough mental health or substance abuse providers to serve their clients. They also assert that their clients cannot access such services because they cannot afford the expense, lack transportation, or do not have childcare.



Accordingly, the HDV Task Force's fourth recommended Strategy is to further Assess Need and Capacity regarding Mental Health and Substance Abuse Services for Domestic Violence Victims in Orange County (MH/SA Strategy). **The objective of the MH/SA Strategy is to facilitate and increase domestic violence victims' access to MH/SA services.** It will involve two phases - assessment of need and capacity, and planning to improve service delivery or increase capacity if necessary.

The Task Force anticipates the MH/SA strategy will impact the overall system in Orange County by better understanding the gaps between systems and opportunities for improvement; developing innovative approaches to matching needs with services; facilitating streamlined referrals, warm hand-offs, and access to care; and increasing awareness of the relationship between domestic violence, mental health and substance abuse.

5. COORDINATION & EVALUATION

Finally, the HDV Task Force recommends a dedicated facilitator to ensure the four strategies are implemented in a phased and coordinated fashion to create the infrastructure for countywide collaboration, which will in turn generate accessible information, streamline cross-sector referrals, promote warm hand-offs, and facilitate efficient service delivery for domestic violence victims and their families.

In addition, the HDV Task Force recommends evaluating the four strategies for their collective impact on establishing a countywide, integrated and collaborative Health & DV System in Orange County.

RECOMMENDATION

In sum, Orange County should invest in the recommended strategies, provide ongoing coordination, and evaluate collective impact to build a sustainable system of HDV service delivery that will strengthen the healthcare sector's response to domestic violence, support domestic violence victims, mitigate the long-term health consequences of domestic violence, and help reduce the incidence of domestic violence over time. Such an investment will establish a robust HDV System that will benefit not only Orange County but also serve as a promising model for the state and nation.

RECOMMENDATION

Establish a countywide, integrated and collaborative Health & Domestic Violence System in Orange County.

Sample Activities/Strategies:

- Develop and deliver on-site Cross-Disciplinary Training programs about health & domestic violence for healthcare and social service providers.
- Establish a comprehensive, up-to-date, user-friendly Central Clearinghouse that can be accessed online or by telephone and that facilitates smooth referrals.
- Develop and launch a Public Health Campaign with the message that domestic violence affects your health, you are not alone, and help is available from your healthcare provider.
- Assess the local need and the county's capacity to deliver Mental Health & Substance Abuse services for domestic violence victims.
- Coordinate the above four efforts and evaluate their collective impact on establishing a countywide, integrated and collaborative HDV system in Orange County.

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