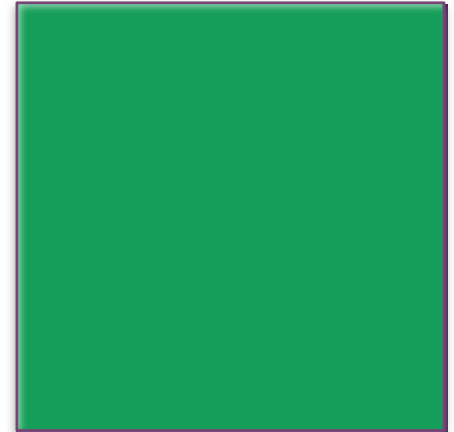




ywca
of richmond



The regional hospital accompaniment response team
(RHART):
A collaborative response to a community issue

Presenter: Fatima M. Smith, MSW

National Conference on Health and Domestic Violence
March 2015 | Washington, D. C.

+ Objectives

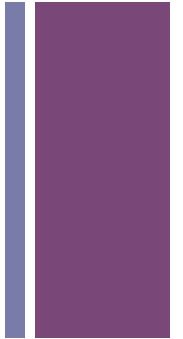
- Discuss the formation of R-HART and the program goals
- Learn the training process for a volunteer-based program that provides crisis intervention to survivors of IPV & SV.
- Gain an understanding of a collaborative response between medical professionals and domestic & sexual violence agencies to address the needs of survivors of IPV & SV; as well as learning the benefits and limitations to interdisciplinary collaborations.



Program Background



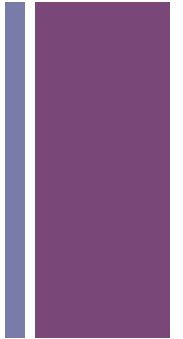
The need



- Prior to RHART, The YWCA, Hanover Safe Place, and Safe Harbor each had their own separate crisis response systems to assist victims of sexual and domestic violence but none were able to fully meet the needs of all patients due to a lack of resources and missing links in relationships between key players.
- In early 2009 Hanover Safe Place and St. Mary's made an agreement to use volunteers that were specifically trained through Hanover Safe Place to accompany survivors of sexual violence that resided in Hanover County/Ashland.
- At this time the YWCA was also contacting Hanover to assist with arranging St. Mary's to consider calling the YWCA for patients who were Richmond or Chesterfield residents. Concurrently, Safe Harbor had been in close conversations with St. Mary's. Because of the existing written contract between the YWCA and Safe Harbor, Safe Harbor proposed the idea of a program primarily staffed by volunteers from those two agencies.

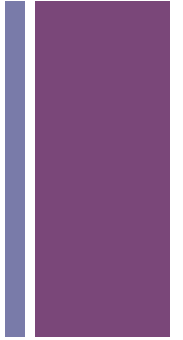


The need (continued)



- Bon Secours agreed to the idea of having a volunteer based response and a meeting was set up between the three local domestic and sexual violence agencies (S/DVA) and administrative and forensic staff from Bon Secours to begin to discuss the probability that a collaborative volunteer-based response could actually be created and implemented.
- From this meeting, the **RHART workgroup** formed and was comprised of two representatives of each S/DVA agency. The workgroup was tasked with crafting preliminary protocols and troubleshooting any problems that may arise with the program. A Forensic Nurse Examiner (FNE) was also identified to be the liaison between the workgroup and the FNE Team at St. Mary's.
- Following this meeting the YWCA had a formal meeting with staff of the VCU Health System whom the YWCA had been working with for years. The YWCA presented the idea of the new collaboration which would make 'HART', 'RHART'.
- RHART had a soft launch on **November 17, 2009** and officially went live on December 1, 2009.

+ Year one to *present*



In the first year of operation, RHART:

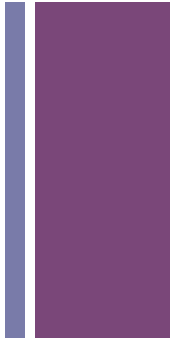
- responded to over 300 calls
- trained volunteers in crisis intervention & advocacy
- volunteers logged over 9,000 on-call hours.

Since its creation RHART has discredited the notion that volunteers from different agencies and different localities cannot provide a consistent response to multiple hospitals.

- Between November 2009 and February 2015 R-HART has responded to 1,793 calls
- Trained over 250 volunteers & staff



The collaboration



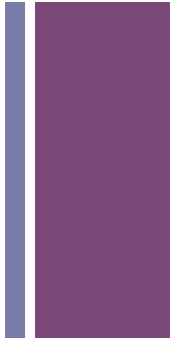
Through this unique collaboration, R-HART has provided supportive services to far more survivors than could have been conceived of by any single agency.

- R-HART serves the emergency rooms of
 - St. Mary's Hospital
 - Memorial Regional Medical Center
 - The Watkins Centre
 - Richmond Community
 - St. Francis
 - VCU Medical Center



BON SECOURS HEALTH SYSTEM

+ Program management

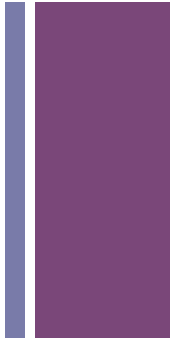


- As the program began to develop it was clear there was a need for a program coordinator.
- The first program coordinator, also known as the R-HART Coordinator, was hired summer 2011.
- R-HART Coordinator is responsible for:
 - Training volunteers, nurses/hospital staff, and law enforcement
 - Providing on-going training for volunteers, 6 times per year
 - Volunteer management
 - Contacting volunteers within 24 hours of responding to call to debrief
 - Data collection for monthly and fiscal year reports



+ Training & Engaging
Volunteers

+ Volunteer description



- Volunteer title
 - HAV – Hospital Accompaniment Volunteer

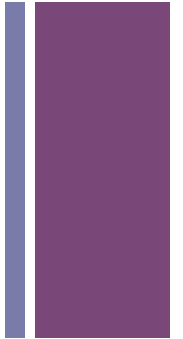
- Purpose
 - Provide supportive accompaniment to survivors of intimate partner violence (IPV) and sexual assault (SA).

 - Supportive counseling, crisis intervention, education, advocacy, provide resources and referrals, and safety planning

+ Volunteer training

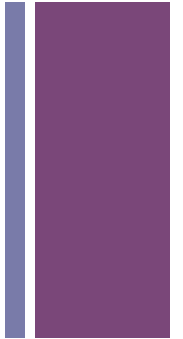
- Volunteers are required to complete over 30+ hours of training, per Virginia Sexual & Domestic Violence Action Alliance.
- Each “home agency” (Hanover Safe Place, Safe Harbor, YWCA of Richmond) offers R-HART as a volunteer option.
- The volunteers complete the "home agency" training and the following week attend the R-HART specific training (6 hours), which the R-HART Coordinator facilitates.

+ Volunteer training



- R-HART Training and "home agency" training are FREE. Volunteers must complete a volunteer application, interview, and background checks.
- The "home agency" training are held 3 times per year (Fall, Winter, Spring/Summer).
- Volunteers must first complete the "home agency" training prior to attending the R-HART specific training nights.

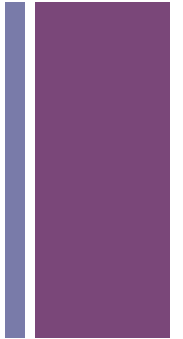
+ Volunteer training



- Training topics include:
 - Crisis intervention
 - Trauma informed care
 - Boundaries
 - Self-care
 - Role-plays
 - Explanation of law enforcement & medical staff
 - Overview of community resources
 - Secondary victimization
 - Vicarious trauma



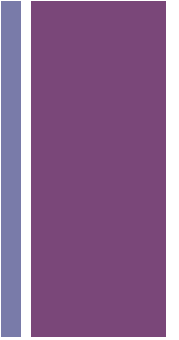
Volunteer responsibilities



- Minimum of two on-call shifts per month.
 - 8:00AM-4:00PM; 4:00PM-11:45PM ; 11:45PM-8:00AM; each day.
- Remain available and able to get to hospital within 45 minutes of call.
- Remain with client through entire hospital exam, unless the client requests otherwise.
- Complete appropriate paperwork.
- Attend at least 2 bi-monthly RHART advocacy meetings & 2 Bi-annual RHART Refresher Session



Volunteer benefits



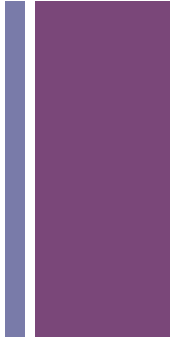
- Gain knowledge of IPV & SA
- Support survivors
- Be part of an innovative program
- Promote healthy relationships



A Collaborative Response



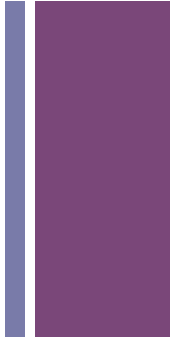
Collaboration makes the difference



- R-HART strives to be an inclusive program that provides quality services to all survivors.
- The HAV provide survivors with a variety of resources and information. The information provided reflects mindfulness of varying demographics.



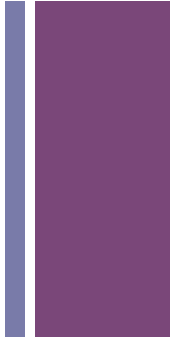
Collaboration makes the difference



- The folders with information and resources that HAVs provide the survivors are constantly assessed to ensure the language and information is relevant and reflects a person-centered, trauma informed perspective .



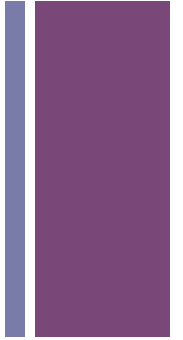
Collaboration makes the difference



- The philosophy of R-HART is to empower survivors with the power and control that was taken away from them by the perpetrator.
- The HAV is trained to ask questions rather than make suggestions or dictate to the survivor in an effort to provide the survivor with options.
- Asking questions coupled with providing education enables the survivor to make informed decisions that suit their needs.



Collaboration makes the difference



- RHART collaborates with:
 - law enforcement
 - emergency responders
 - commonwealth attorneys
 - victim witness advocates.
- Together we identify community needs, troubleshoot problems and establish strategies to improve a coordinated community response for survivors.
- The R-HART Coordinator is continuously connected to the latest research and various community task forces and affiliations.

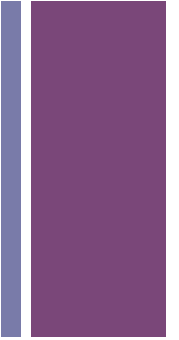


With consideration to the recent media exposure regarding college campus sexual assault, the R-HART Coordinator collaborated with 7 area universities and community colleges to provide information on campus resources such as Title IX Coordinators, campus police, campus advocates, and university counseling services.





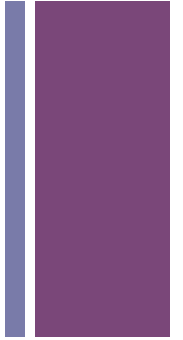
Limitations of interdisciplinary collaboration



- Understanding and communication amongst disciplines
- Differences in organizational structure
- Conflicting professional goals & objectives



Benefits of interdisciplinary collaboration



- Promote social support in the work environment
- Provide opportunities to increase knowledge of disciplines
- Prompt empathy training
- Provide “wrap-around” services to clients
- Enhance communication amongst disciplines
- Community engagement

+ Impact on survivors

■ Survivor's Feedback:

- "It meant [a lot] that someone was there for me & I did not have to go through this alone"
- "Important in helping me realize domestic violence is not my fault and I need to work on the fact of blame [sic] myself."
- "It helped to have company keep my mind off the pain"
- "[The advocate] was wonderful, really supportive. I couldn't sleep and [the advocate] wouldn't leave until I fell asleep. Stayed longer than [the advocate] had to."

"I have learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel" – the late, great Dr. Maya Angelou

+ Impact on survivors

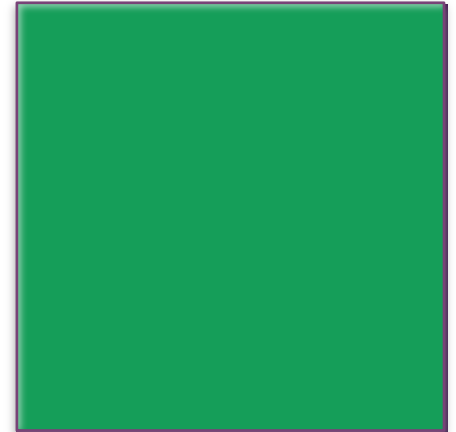
■ Survivor's Feedback:

- “HAV was very helpful. The pamphlets in the folder were informative.”
- “Satisfied with the advocate and happy the advocate was there.”
- “[It] meant a whole lot to have an advocate, more than family.”
- “It was very helpful. [The advocate] was very supportive [sic] she held my hand through it all.”

*“I have learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel” – the late, great Dr.
Maya Angelou*



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THANK YOU!

Presenter: Fatima M. Smith, MSW
fsmith@ywcarichmond.org

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