



**Addressing Family Violence  
Across the Lifespan  
*Through an Innovative  
Hospital Program***

UNC Hospitals Beacon Program  
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# Content for Today:

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- Comprehensive Approaches to Abuse
- History of The Beacon Program
- Beacon Child Component
- Beacon Adult Component
- Working with your Local Hospital



# Comprehensive Programming Approaches to Lifespan Violence:

- Intersection between child abuse and domestic violence
- Importance of helping employees
- Intersection between domestic violence and elder abuse
- How to grow a program
- How to start an abuse program



# Beacon -

## *A Hospital Response to Family Violence*



# Current components of Beacon

- Child Abuse
- Adult Abuse
- Sexual Assault
- Elder Abuse
- Employee Abuse
- Human Trafficking
- Bullying

# What is Beacon?

- *Services within the UNC Health Care System and clinics*
  - Inpatient and Outpatient assessment, counseling and referrals provided to patients, families and employees who are experiencing child abuse, domestic violence, sexual assault, elder abuse or human trafficking
  - Training of medical providers to ask about abuse
  - Liaison with Sexual Assault Nurse Examiners (SANE) program in the Emergency Department

# What is Beacon?

- *Community Partner*
  - Raising awareness in the community
  - Referral source for:
    - ✓ Community Domestic Violence, Child Abuse and Elder Mistreatment Agencies
    - ✓ Legal Aid
    - ✓ Local Law Enforcement
    - ✓ Mental Health Agencies

# Beacon Program Services

- 24 hours a day/seven days a week
- Both the Child Protection Team and the Beacon Program Social Workers respond to the patient, family member, or employee





# History of the Beacon Program

- 1996 – Start of Hospital-based domestic violence intervention program
- 2001 – Merger of child abuse with domestic violence and expansion to elder abuse services
- 2001 – All adult patients asked 2 questions about abuse
- 2007 – Formation of the UNC Hospitals Domestic Violence Team for Employees
- 2008 – Begin to form closer relationship with SANE nurses
- 2010 – Join the Triangle Rapid Response Team for Human Trafficking

# How The Beacon Program Evolved: Domestic Violence

- Beginning – Small staff for domestic violence intervention program
- Promoted universal screening in training of healthcare providers
- Joint Commission standards for abuse
- Promoted documentation of screening in medical record
- Tragedy at hospital encouraged leadership to develop a program for employees
- Nurse Champion Initiative

# Beacon Program Today Assists our Health Care System in meeting an important standard to serve patients

## *Joint Commission Abuse Standards*

- All patients must be screened for abuse/neglect/sexual molestation and rape
- Train staff to screen
- Train staff members to make appropriate referrals for survivors of abuse/neglect



Beacon Program Today can also provide Health Care System with revenue for doing the right thing

## *Affordable Care Act*



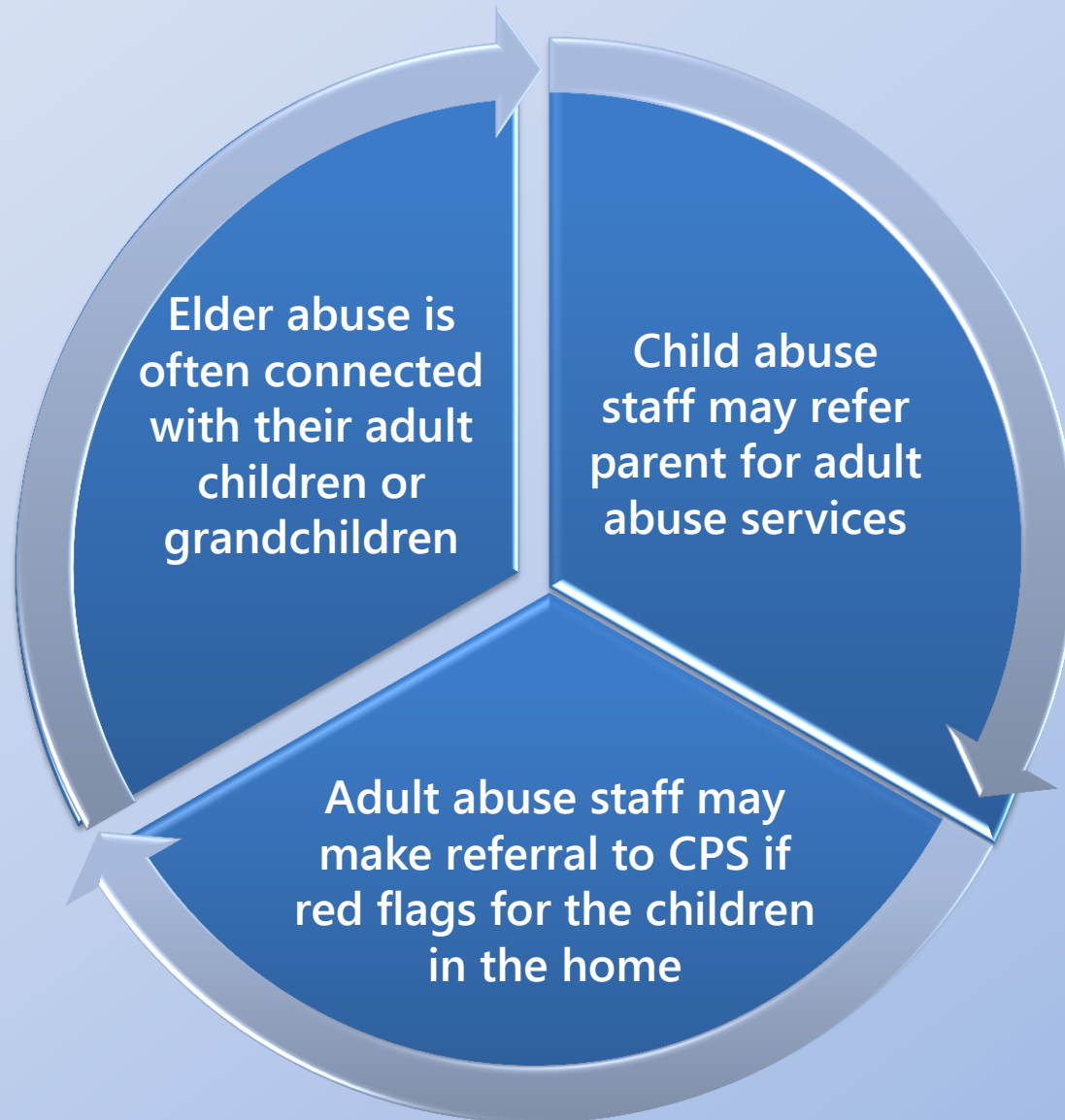
- Interpersonal and domestic violence screening and counseling will be covered for all adolescent and adult women
- Reimbursement to providers for screening

# Workplace Violence Prevention



- All employees are required to report to their supervisor if they have a Domestic Violence Protective Order
- The supervisor informs Hospital Police
- Employee and Domestic Violence Team create a safety plan

# Interconnections within Beacon



# How The Beacon Program Evolved: Addition of Child and Elder Abuse

- Child abuse physicians needed an administrative structure
- Hospital recognized cost savings
- Made sense to address abuse across the lifespan
- Saw opportunity to cross-refer

# Beacon Program Statistics

*Service Growth over Last Four Years*

	2011	2012	2013	2014
Adult Patients	571	658	849	727
Child Patients	503	626	629	593





# Beacon Program Adult Abuse Component

## Medical Co-Director, Amy Weil, MD FACP

- Advisor, teacher, mentor, scholar
- ‘Celebration’ of Health Cares about Domestic Violence Day
- Created Carolina Men Care
- Fulbright Senior Scholar – Sri Lanka 2006
- Community involvement – Kiran Board
- Initiative Regarding Human Trafficking
- Initiative Regarding Bullying
- New Directions - Trauma Informed Care Clinic

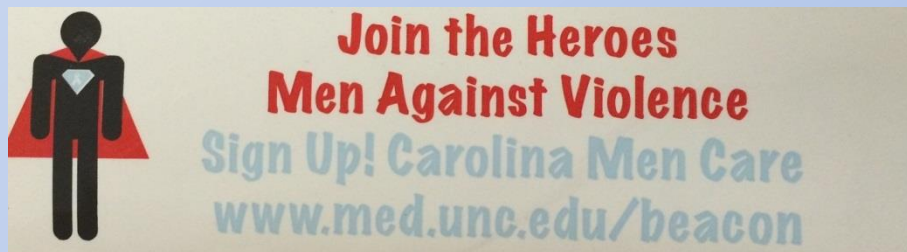


# Advisor, teacher, mentor, scholar

- Intimate Partner Awareness and Advocacy (IPVAA)
  - Run/Clothing/Food/\$ Drive/Donations at Social Events
  - Speakers
  - Rape Crisis Training
  - Staff our annual fundraiser
- 'Domestic Violence Day'
- Futures Without Violence Scholars x 2
  - IPE project
  - Outreach to men
- Local, national, international teaching
- Texts and Up To Date

# 'Celebration' of October Health Cares about Domestic Violence Day

- Letters to Key Stakeholders
- Trinkets – badge holder, bumper sticker, T-shirts
- Continue the conversation
- Collaboration with Journalism Professors this year
- Outreach to men for prevention



# Created Carolina Men Care



# Not just men care



# Fulbright Senior Scholar – Sri Lanka 2006

- Teaching about Communications and Culture
- Informal study regarding IPV issues in Sri Lanka
- Teaching about IPV in Sri Lanka and Canada



# Community involvement – Kiran Board since 2008



# Initiative Regarding Human Trafficking



- Member of Human Trafficking Rapid Response Team
- Institution wide trainings
  - Division Meeting and General Talk – Jay Silverman, Ph.D
  - Polaris General Training
  - Specific Training with Project Reach from TRI
- Liaison with Salvation Army
- Attempt to care for patients in Internal Medicine



# Initiative Regarding Bullying

- Grew out of current events
- Worked with medical students involved with Queer Straight Alliance to craft information for Beacon website

# Trauma-Informed Care

- Educate yourself and patient
- Awareness (of power and control issues)
  - What's wrong  What happened to you?
  - Control  Collaboration
- Safety – ask permission, show respect
- Strength based

# Current Initiative – Trauma Informed Care Clinic

- Working with Administration
- Applying for Fellowships
- Conducted a survey in our clinic
- Creating an ancillary High Utilizer clinic after success with student Hot spotting initiative
  - They highlight the ACES as risks to be assessed
- It hasn't happened yet but persevering!!

# Take homes



- Have a vision
- Capitalize on opportunities to grow
- Build relationships/advocates across your institution
- Look for selling points that will appeal to all stakeholders
- Build relationships with your community

# Discussion

- Where are you at in developing a program?
  - Freestanding program?
  - Connection with a health system?
- Are you interested in a multidisciplinary program?
- What are your challenges in working with the administration to grow your program?
- How can we help?



# Thank You

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UNC medical students, staff and patients



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