



“From Risk Assessment to Health Advocacy: Addressing Health Needs in Collaborative, Multi-Agency Service Models”

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Alliance for HOPE International

March 20, 2015

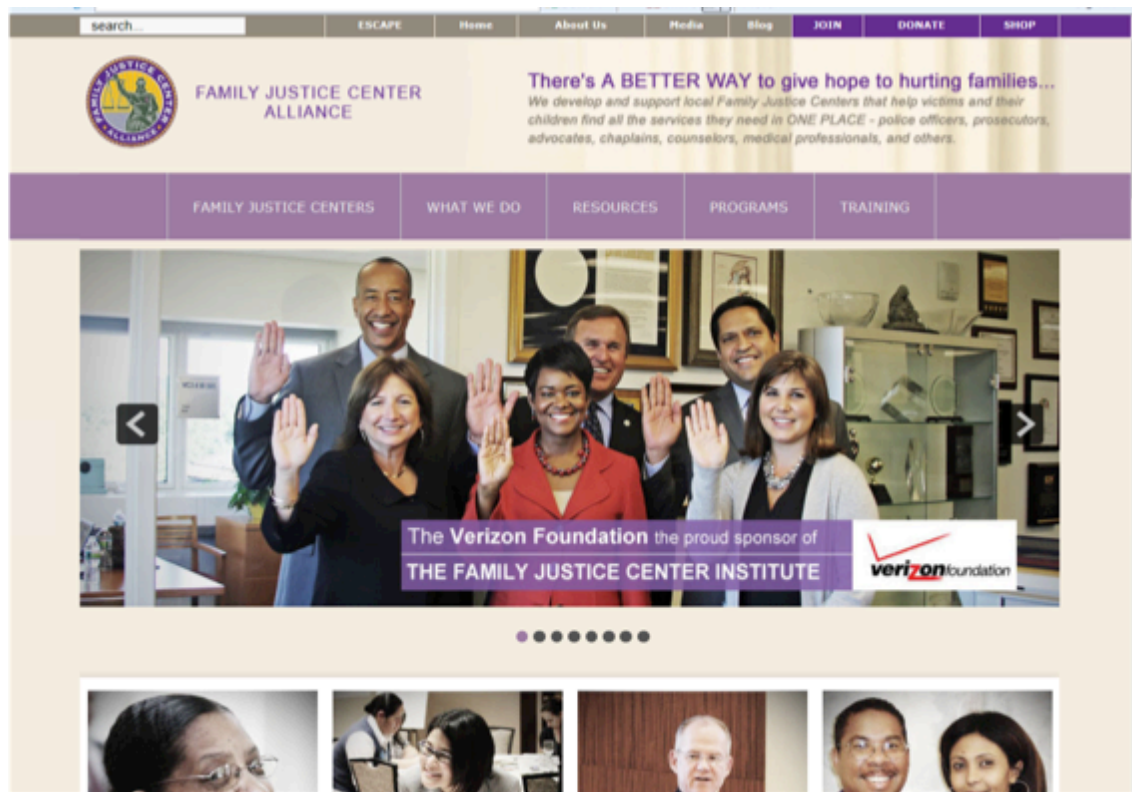
Websites: www.familyjusticecenter.com

www.strangulationtraininginstitute.com

www.camphopecalifornia.com



www.familyjusticecenter.com



National Family Justice Center Alliance



Alliance Guiding Principles

Victim-Centered
Culturally-Competent Transformative
Relationship-Based Safety-Focused
Empowered Prevention-Oriented
Kind-Hearted Offender-Accountability
Community-Engaged Survivor-Driven



Major Alliance Focus Areas

- Trauma-Informed Care and Approaches (Interviewing, Investigations, Civil Legal Services, and Ongoing Advocacy Services)
- Increasing Offender Accountability for Offenders
- Better Health Services for Survivors and Their Children
- Children Exposed to Trauma
- Long-term Hope and Healing



Alliance's Four Strategic Directions



Leadership

Best Practices

Guiding Principles

Accountability to Survivors



Collaborative DV/SA Models, Family Justice Centers, and Multi-Agency Approaches Can Be the Framework for All of This





Vision Economic Justice/Healing

- Safe and Affordable Housing
- Safe and Affordable Transportation
- Safe and Affordable Childcare and Trauma-Informed Support for Children
- Affordable Healthcare and Preventative Care
- Affordable, Accessible Education/Job Skills Training
- Jobs that are family-friendly/well-paying
- Sufficient Income Supplements/Support
- Restoration; timely payment of all losses & costs, broadly define; actualized & prospective
- Economic safety net; government & community
- Access to Civil/Criminal Legal Systems



Themes Today

- DREAM BIG!
- Come together and stick together
- Be the best!
- Innovate, innovate, innovate
- Stay accountable to survivors and focus on survivor-defined success
- Invest heavily in addressing childhood trauma
- Working together changes the world for victims and their children



DV Collaboratives/FJCs/MA Models Should Be Experts in...

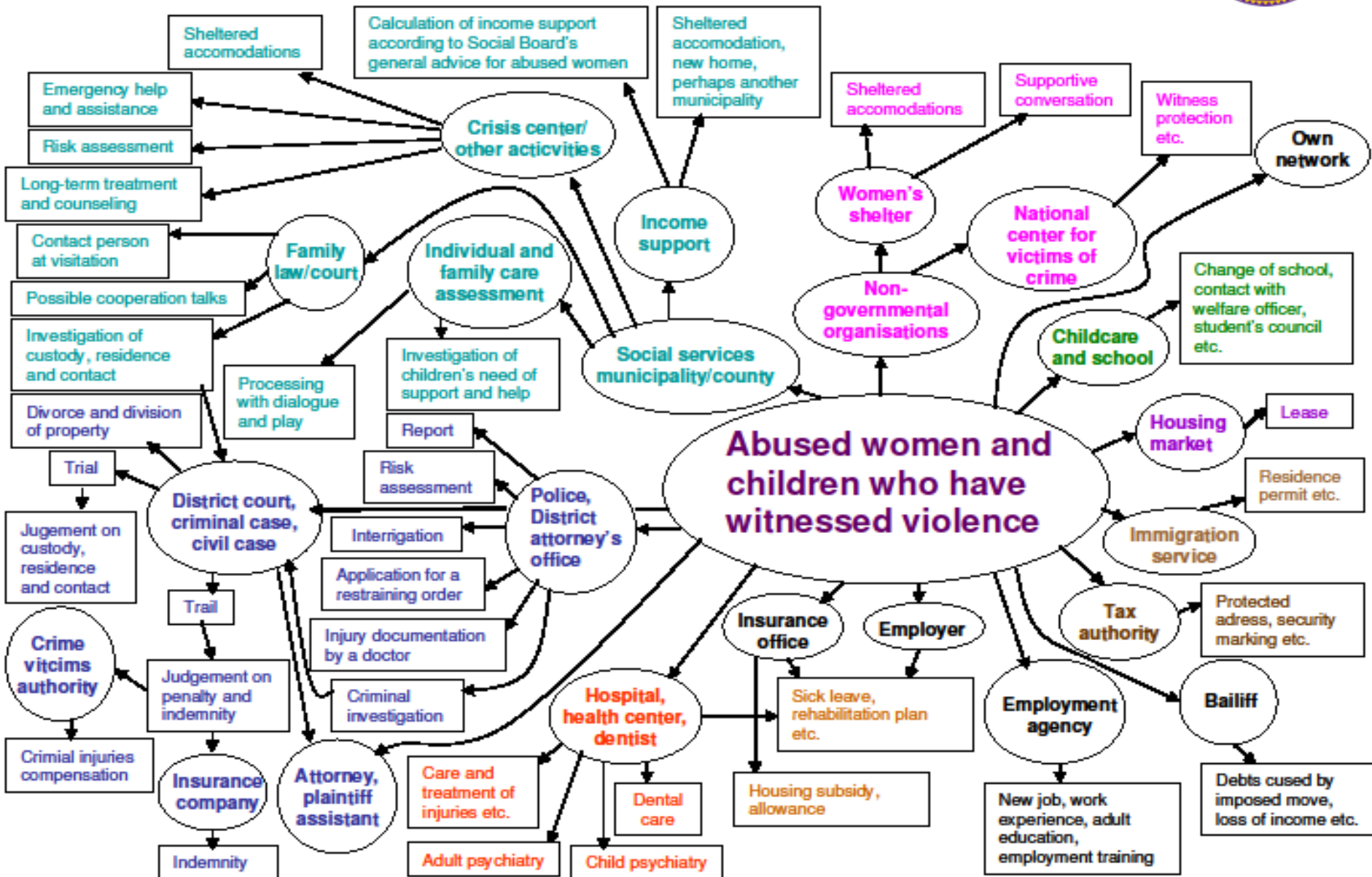
- Collaborative, Integrated Approaches to Addressing Family Violence and Related Sexual Assault, Child Abuse, Elder Abuse, and Human Trafficking
- Community Engagement and Outreach
- Homicide Prevention
- Handling Strangulation Assaults
- Addressing the Health Needs of Victims and Their Children
- Addressing Childhood Trauma in Children and Adults – The Best Trauma-Informed Care Models in America
- Hope, Healing, and Providing Community for Survivors and Their Children



How many brochures does a community have?



The Municipality of Hässleholm's chart for government contacts women may need when they become victims of domestic violence



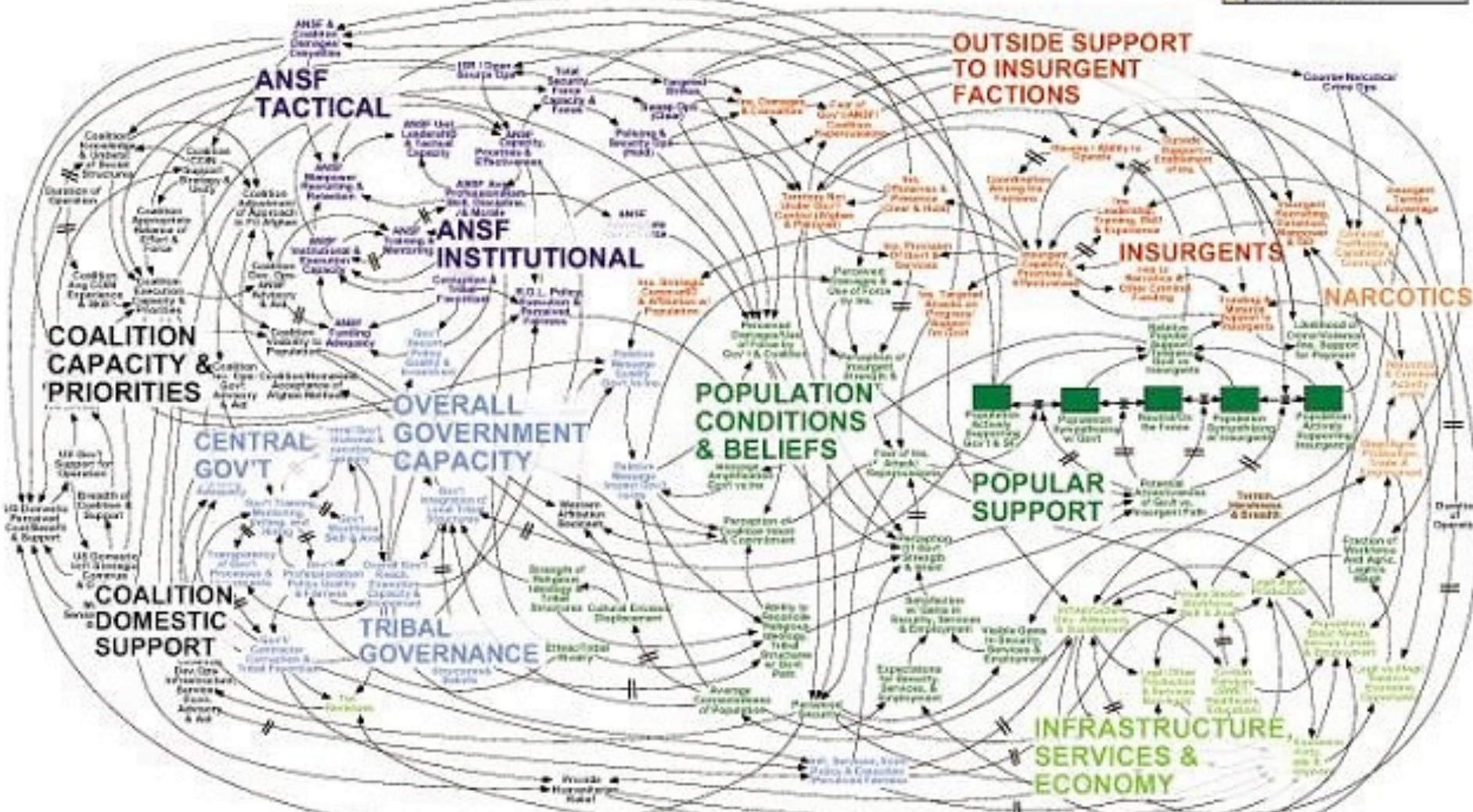
Afghanistan Stability / COIN Dynamics



US War Strategy in Afghanistan

/// = Significant Delay

- Population
- Government
- Militants
- Insurgents
- Crime and Narcotics
- Coalition Forces & Actors
- Physical Environment





What is the future?

- Collaborative, coordinated public health approaches with CA/DV/SA together – Merged CACs and FJCs
- Co-located, bundled services (Survivor-centered, Choice-based)
- Multi-disciplinary/multi-agency services
- New communities/cultures with increasing focus on prevention...the “before”
- Criminal and civil justice system professionals (law enforcement, prosecution, victim-witness advocacy, and community-based domestic violence/sexual assault programs, counseling services, medical services, spiritual support, economic assistance, and...)
- A rejection of the categorical social service referral system...
- A rejection of silos...separate organizations each pursuing their own agenda/mission without integration
- Creating vehicles for community capacity building with accountability to survivors
- A bigger pie...



COPS Conference in Washington, D.C.

Power of Family Justice
Centers and other multi-
agency models



Priority – Collaboration
“Family Justice Centers are
the future of community-
oriented policing” –
Attorney General Eric
Holder



Our Big Dreams...





Tarrant County (Fort Worth) One Safe Place FJC Planning Team





The Dreams Are Getting Bigger



www.onesafeplace.org



View of downtown Milwaukee from project site



619 West Walnut Street | Milwaukee, Wisconsin



PROPOSED VIEW OF CENTER FROM NORTHEAST





PROPOSED VIEW OF SHELTER FROM SOUTHEAST



International Family Justice Centers



Project Karin in Sweden

- Launched in 2008
- Do you have Viking appliances in your survivor accessible kitchen?!





Centros de Justicia para las Mujeres (2011)





Centro de Justicia para las Mujeres - Chihuahua





Survivor Health Survey

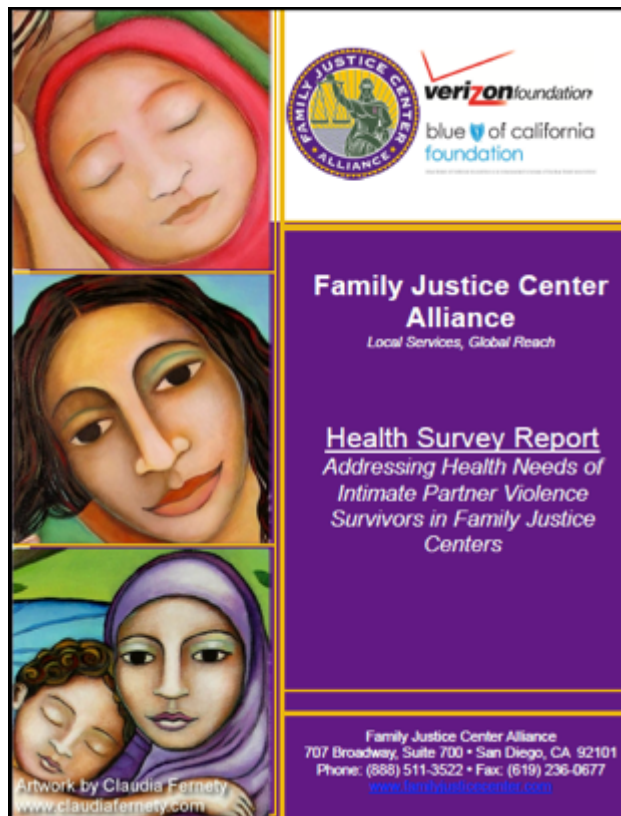
- Components:

- Demographics
- Health Coverage
- Physical, Sexual, Mental, Dental, Vision, Behavioral Health History
- Preventive Health
- Barriers to Care
- Desired Health Services

- Participants = 237

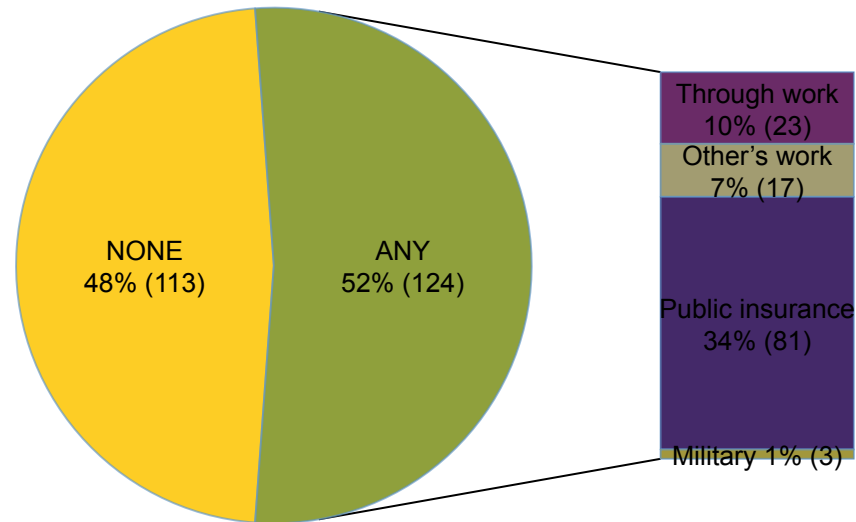
- 14 Family Justice Centers

- 11 States



Insurance

Do You Have Insurance?





How would you rate your physical health?

POOR

FAIR

GOOD

EXCELLENT





Physical Health

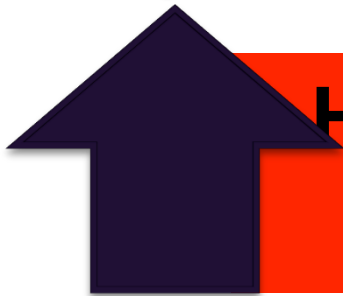
70% report at least one physical health need.



49% have a primary care provider.



30% saw a doctor in 2013.



HALF have gone to the ER in the past year.



Chronic Health



45% (106) Reported a chronic health condition



They had an average of 3 chronic conditions
(total average = 1.9)



Chronic Health Issues

Defined as one or more of the following:

Constant Pain, Stomach Ulcers, Head trauma, Heart disease, Thyroid problems, Liver disease, Arthritis Cancer, High blood pressure, Diabetes, Asthma, Emphysema, Irritable Bowel Syndrome, Frequent colds/fluës, Hearing loss.

Excluded if ONLY these symptoms:

Headaches, Fatigue, Physical Injury/Disability.



Mental Health

85% reported at least one mental health need



Participants reported an ***average of 4*** mental health concerns



Only 1 in 3 saw a mental health professional in the last year



Dental Health

2 in 3 participants reported at least one unmet dental concern

Only 1 in 3 reported visiting a dentist in the last year



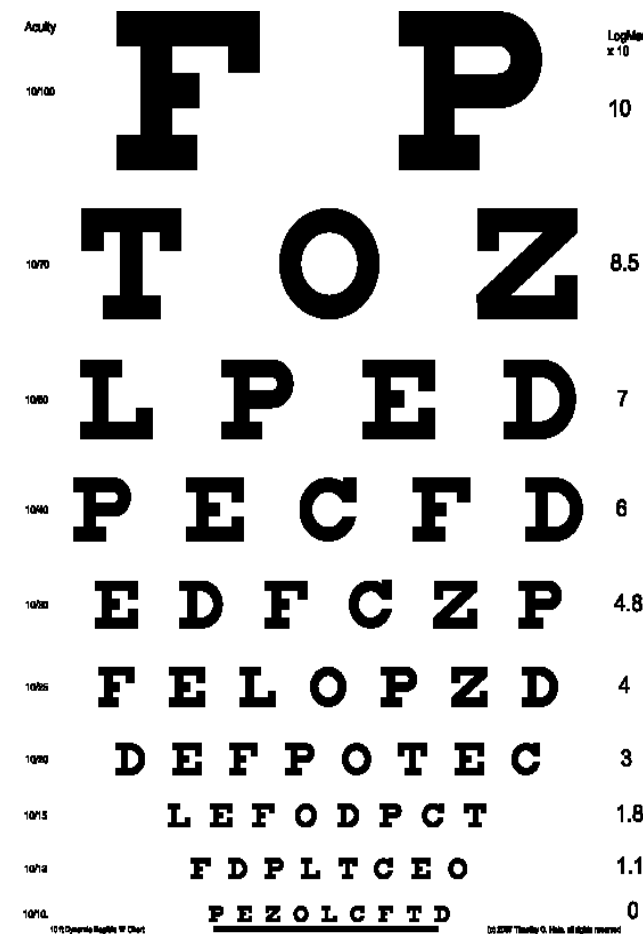
Respondents (1 in 4) have basic dental needs: cavities, gum sensitivity, tooth pain.



Vision Health

Over half reported at least one vision problem.
1 in 4 had seen an eye doctor.

Respondents had basic vision needs: near / far sighted, astigmatism, blurred vision.



Behavioral Health

Stigma:

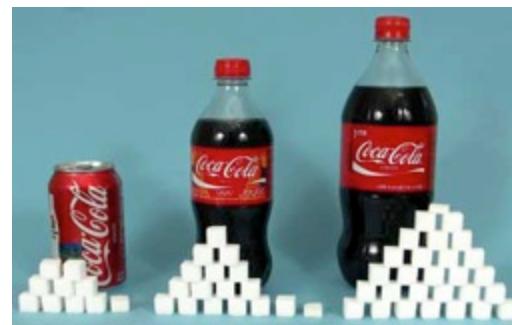
- Low reports of drinking and drug use
- High non-response rate
- High rates of smoking
- Average sugar consumption and physical activity

22.4%
FJC sample



16.5%
ALL American
Adult women

40% report drinking
one or more sugary
drinks per day.



[CDC Guidelines](#)

2.3 days of physical
activity (for at least
30 minutes)



[Healthy People 2020](#)



Preventive Health

60% had received at least one preventive health service in the last year



Most common services received:
pap smear (38%), dental screenings (25%), blood pressure (22%), cholesterol screening (16%), and flu vaccine (16%)



If our FJC offered health services...



43% Dental care

40% Vision care

34% Mental health

30% Women's health
(General)

20% Assistance with Health
Insurance enrollment



HEALTH SERVICES TOOLKIT

UNDERSTANDING NEEDS,
INTEGRATING WELLNESS, AND
EXPANDING HEALTH PARTNERSHIPS



A Guide for Directors, Advocates, and Front-line Staff
of Family Justice Centers and Multi-Agency
Domestic Violence Organizations



March 2015

Creating Pathways to Hope.
www.familyjusticecenter.org

Comprehensive Approach

Part I: Assessment

- Survey
- Focus Groups
- Understand experience of health and wellness for survivors

Part II: Organizational Tools

- Danger Assessment as cornerstone for health screening

Part III: Institutionalizing Wellness

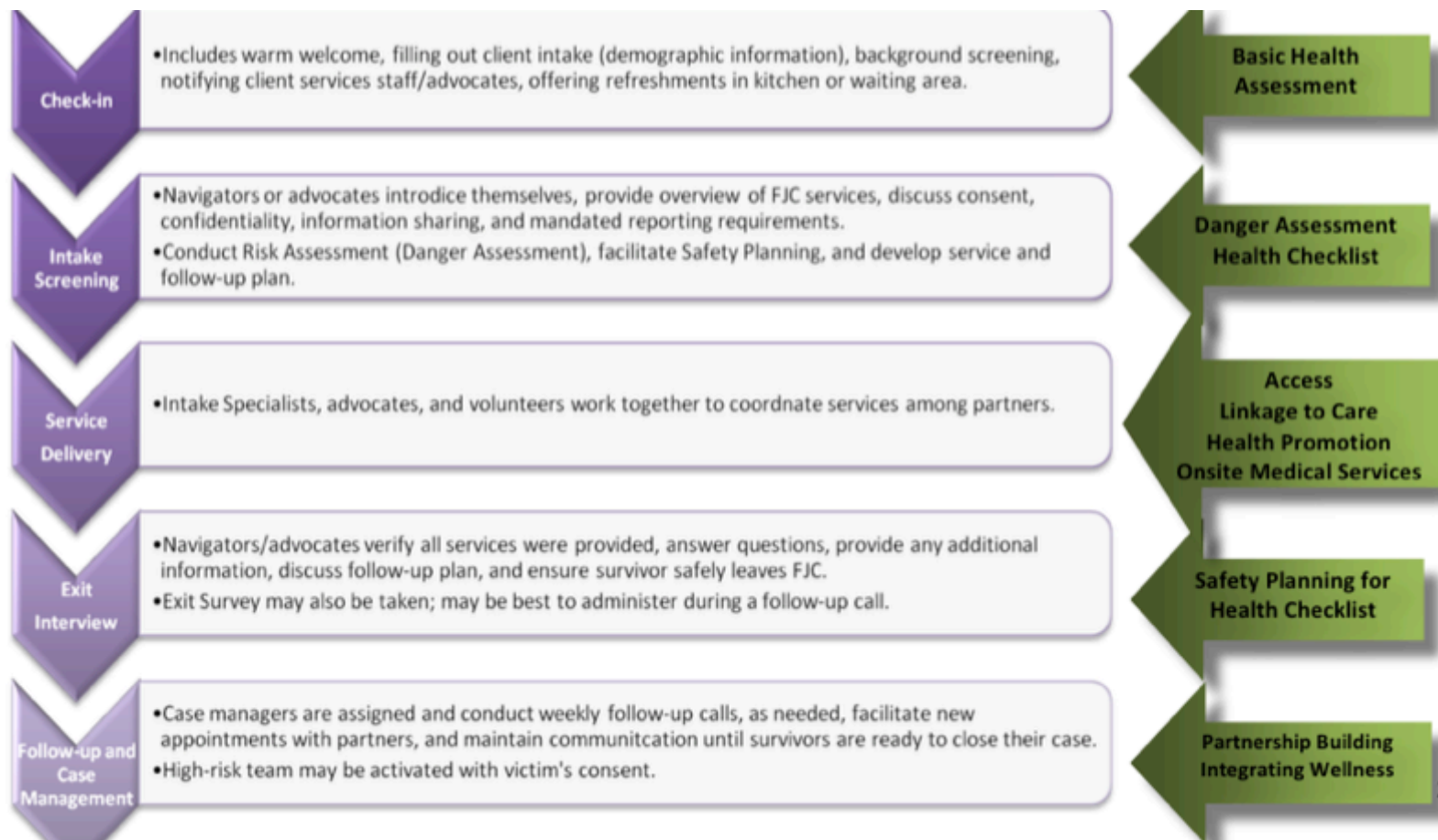
- Strategies for Partnership Expansion
- Staff Wellness and Program Development



Part II: Opportunities to Integrate Health



Key #1: Integrate in Centralized Intake





Key #2: Enhance use of the DA

- Everyone is trained on danger assessment and most should be certified
- With the survivor's permission, the score is shared with the partners/services she wants to access

DANGER ASSESSMENT

Jacquelyn C. Campbell, Ph.D., R.N.
Copyright 2003, www.dangerassessment.com

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex-partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury
5. Use of weapon; wounds from weapon

(If any of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

1. Has the physical violence increased in severity or frequency over the past year?
2. Does he own a gun?
3. Have you left him after living together during the past year?
3a. (If have never lived with him, check here:)
4. Is he unemployed?
5. Has he ever used a weapon against you or threatened you with a lethal weapon?
(If yes, was the weapon a gun?)
6. Does he threaten to kill you?
7. Has he avoided being arrested for domestic violence?
8. Do you have a child that is not his?
9. Has he ever forced you to have sex when you did not wish to do so?
10. Does he ever try to choke you?
11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, "meth", speed, angel dust, cocaine, "crack", street drugs or mixtures.
12. Is he an alcoholic or problem drinker?
13. Does he control most or all of your daily activities? For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here:)
14. Is he violently and constantly jealous of you? (For instance, does he say "If I can't have you, no one can.")
15. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here:)
16. Has he ever threatened or tried to commit suicide?
17. Does he threaten to harm your children?
18. Do you believe he is capable of killing you?
19. Does he follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don't want him to?
20. Have you ever threatened or tried to commit suicide?
Total "Yes" Answers: _____

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.

Process: Key Tools





Referral information	
Who referred you here today? (referral sources in red should be added in addition to complete list)	
<input type="checkbox"/> No one	
<input type="checkbox"/> [On-site Health partner agency]	
<input type="checkbox"/> Social Worker (E.g. Dept. of Children and Family Services)	
<input type="checkbox"/> Family member	
<input type="checkbox"/> Friend	
<input type="checkbox"/> Neighborhood Legal Services (NLS)	
<input type="checkbox"/> Primary Care Physician/ Psychiatrist	
<input type="checkbox"/> [Off-site Health partner agency]	
<input type="checkbox"/> Therapist (Psychologist, Licensed Clinical Social Worker, Marriage and Family Therapist)	
<input type="checkbox"/> Police	
<input type="checkbox"/> Other (please specify): _____	
Basic Health Information	
Have you been to the Emergency Room (ER) in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a primary care doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Date of last visit: ____ / ____ / ____	
Do you have health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your children insured?	<input type="checkbox"/> Yes, under my insurance plan (please list names): _____ <input type="checkbox"/> Yes, under a different plan (please list): _____ <input type="checkbox"/> No or not sure.
Are you pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you concerned you might be pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Health Services and Other	
Do you have any health needs (dental, vision, physical, mental) that you are concerned about?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain if yes:
Do you have any medical condition you are currently being treated for? (see a doctor regularly or take medication regularly)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you taking the medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, do you have the medication with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Would you like help enrolling in health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Basic Health Assessment

Add to Intake

Purpose: Assess basic gaps in primary care (non-emergent)

Assess emergent issues when reviewing intake and beginning risk assessment and safety planning.

For more on the role of assessment questions, refer to Futures Without Violence extensive body of work:

www.healthcaresaboutipv.org



Intake and Danger Assessment

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Copyright, 2003: www.dangerassessment.com

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3. "Beating up"; severe contusions; burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury
5. Use of weapon; wounds from weapon

(If any of the descriptions for the higher number apply, use the higher number.)

Mark Yes or No for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

- ___ 1. Has the physical violence increased in severity or frequency over the past year?
- ___ 2. Does he own a gun?
- ___ 3. Have you left him after living together during the past year?
3a. (If have never lived with him, check here ___)
- ___ 4. Is he unemployed?
- ___ 5. Has he ever used a weapon against you or threatened you with a lethal weapon?
(If yes, was the weapon a gun? ___)
- ___ 6. Does he threaten to kill you?
- ___ 7. Has he avoided being arrested for domestic violence?
- ___ 8. Do you have a child that is not his?
- ___ 9. Has he ever forced you to have sex when you did not wish to do so?
- ___ 10. Does he ever try to choke you?
- ___ 11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, "meth", speed, angel dust, cocaine, "crack", street drugs or mixtures.
Is he an alcoholic or problem drinker?
- ___ 12. Does he control most or all of your daily activities? For instance, does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here: ___)
- ___ 14. Is he violently and constantly jealous of you? (For instance, does he say "If I can't have you, no one can.")
- ___ 15. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: ___)
- ___ 16. Has he ever threatened or tried to commit suicide?
- ___ 17. Does he threaten to harm your children?
- ___ 18. Do you believe he is capable of killing you?
- ___ 19. Does he follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don't want him to?
- ___ 20. Have you ever threatened or tried to commit suicide?

Total "Yes" Answers

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.

Did you experience any physical health issues or injury as a result?

Did you receive medical care after the event? Did you need to?

Has a doctor ever asked you about domestic violence?

Has a doctor ever diagnosed you with a medical issue?

Have you ever been pregnant? Concerned you might be pregnant?

Have you had any issues with a pregnancy, or other sexual health concerns (such as an STI) as a result of the violence/assault?

Strangulation Assessment/Documentation

Has he ever prevented you from seeking medical care?
Has a doctor ever asked you about domestic violence?

Has he ever tampered with your birth control, either trying to prevent you from getting pregnant or coercing you to get pregnant?

Have you ever been prescribed medication for a mental health concern? Are you currently taking it/have it with you?



Danger Assessment for Health Checklist

SAMPLE DANGER ASSESSMENT CHECKLIST (Add to Danger Assessment Scoring Guide)

Danger Assessment Checklist: Health Concerns & Safety Planning

If client answered "YES" to items: # 1, 5, 6, 9, 10, 13, 15	Check if completed	Notes
1) Probe about potential medical effects: (for example)		
a. (Q1, Q5, Q9) Did you experience any physical health issues or injury as a result?		
b. Did you receive medical care after the event? Did you need to?		
c. Has a doctor ever asked you about domestic violence?		
d. Has a doctor ever diagnosed you with a medical issue?		
e. (Q9, Q15) Have you ever been pregnant? Concerned you might be pregnant?		
f. Have you had any issues with a pregnancy, or other sexual health concerns (such as an STI) as a result of the violence/assault?		
g. (Q10) Complete Strangulation Assessment		
h. (Q13) Has he ever prevented you from seeking medical care?		
i. Has a doctor ever asked you about domestic violence?		
j. (Q15) Has he ever tampered with your birth control, either trying to prevent you from getting pregnant or coercing you to get pregnant?		
k. (Q20) Have you ever been prescribed medication for a mental health concern? Are you currently taking it/have it with you?		
2) Refer Sample script: <i>"I've noticed you marked a few things that could lead to serious health effects. This is common and not your fault. While you're here today would you like to talk with someone about any health concerns or make an appointment?"</i>		
3) Resources Provide information and resources on health and DV. <ul style="list-style-type: none"> • Futures Health cards • Local resources • Talk with CATS nurse or onsite health provider 		



DANGER ASSESSMENT
Joseph C. Campbell, Ph.D., R.N.
©2002, All rights reserved.

Several risk factors have been associated with increased risk of homicide (murder) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate date during the past year when you were abused by your partner or ex-partner. Write on that date how bad the incident was according to the following scale:

- Slapping, pushing, no injuries and/or lasting pain
- Punching, kicking, bruising, cuts, and/or continuing pain
- "Beating up": severe contusions, burns, broken bones
- Threat to use weapons, head injury, internal injury, permanent injury
- Use of weapons, wounds from weapons

(If any of the descriptions for the higher number apply, use the higher number.)

Mark Yes or No for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

- Has the physical violence increased in severity or frequency over the past year?
- Does he own a gun?
- Have you left him after living together during the past year?
- Has he ever been hospitalized with you, check here ____
- Has he ever used a weapon against you or threatened you with a lethal weapon? (If yes, was the weapon a gun? ____)
- Does he threaten to kill you?
- Has he avoided being arrested for domestic violence?
- Do you have a child that is not his?
- Has he ever forced you to have sex when you did not wish to do so?
- Does he ever try to choke you?
- Does he use illegal drugs? (By drugs, I mean "uppers" or amphetamines, "meth", speed, angel dust, cocaine, "crack", street drugs or mixtures.)
- Is he an alcoholic or problem drinker?
- Does he control most or all of your daily activities? (For instance, does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here ____.)
- Is he violently and constantly jealous of you? (For instance, does he say "I can't have you, no one can.")
- Have you ever been threatened by him while you were pregnant? (If you have never been pregnant by him, check here ____)
- Has he ever threatened or tried to commit suicide?
- Does he threaten to harm your children?
- Do you believe he is capable of killing you?
- Does he follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don't want him to?
- Has he ever threatened or tried to commit suicide?

Total "Yes" answers: _____

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.



Pilot Site Findings – Strength United

SAMPLE DANGER ASSESSMENT CHECKLIST
(Add to Danger Assessment Scoring Guide)

- 29% suffered injuries and 25% sought medical care
- Doctors asked about IPV with 24% of survivors in medical setting
- Life threatening assaults – e.g. strangulation with signs and symptoms – majority had no medical evaluation
- **82% experienced reproductive coercion**

Danger Assessment Checklist: Health Concerns & Safety Planning		
If client answered "YES" to items: # 1, 5, 6, 9, 10, 13, 15	Check if completed	Notes
1) Probe about potential medical effects: (for example)		
a. (Q1, Q5, Q9) Did you experience any physical health issues or injury as a result?		
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e. (Q9, Q15) Have you ever been pregnant? Concerned you might be pregnant?		
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3) Resources Provide information and resources on health and DV. <ul style="list-style-type: none"> • Futures Health cards • Local resources • Talk with CATS nurse or onsite health provider 		



Safety Planning & Follow-up

Counselor Checklist

Check all items you conducted with the client during your visit.

Date: _____

- This is a follow-up visit This is an initial visit

Safety Planning:

- Oral Follow-up on any health concerns (Intake, Adult interview, CATS, counselor notes).
 Provided resources
 Made referral to (health partner/resource) _____.

Follow-up appointments:

- Client requested health/medical services on (date) _____
 Referred to (health partner agency) _____
 Client sought health service (called, made appointment, went to health center).
 Client received health service.
 Client satisfied with services received.
 Additional needs (follow-up appointment, new/changed health concerns).

Explain:

Referred to:

- CATS
 Local Health Center
 Insurance Enrollment specialist
 Other Health Provider: _____



Potential Medical Service Models in Family Justice Centers and MA Models

- Community-based Health Clinic
- Mobile Medical Services Program
- Expanded Sexual Assault Nurse Examiner Services
- Expanded Forensic Medical Unit
- Co-located Private Doctor's Office – Primary Care/ Family Practice
- Technology-based services and screening – HD Video
- Statewide Medical Services Director – Nurses, Physician Assistants, nurse practitioners providing services in all Centers (California)



How to Reach Us

www.familyjusticecenter.com

www.strangulationtraininginsitute.com

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Thank you!
www.familyjusticecenter.com

