Addressing Family Violence Across the Lifespan

Through an Innovative Hospital Program

UNC Hospitals Beacon Program
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Diana Bass, Director
Content for Today:

- 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*
  o Raising awareness in the community
  o 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

Elder abuse is often connected with their adult children or grandchildren

Child abuse staff may refer parent for adult abuse services

Adult abuse staff may make referral to CPS if red flags for the children in the home
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*

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<td>593</td>
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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

Judy Betterton LCSW
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Robin Sansing LCSW

Molly Berkoff, MD
Debra Bynum, MD
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Kiran Board and Staff

UNC medical students, staff and patients
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