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

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Alliance for HOPE International
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Websites:  www.familyjusticecenter.com
           www.strangulationtraininginstitute.com
           www.camphopecalifornia.com
Alliance Guiding Principles

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

- Food, Shelter, Clothing, Transportation
- Safety, Protection, Security
- Connection, Support, Community
- Self-Respect, Agency, Healing
- Hope
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?
Abused women and children who have witnessed violence

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

- Emergency help and assistance
- Risk assessment
- Contact person at visitation
- Possible cooperation talks
- Investigation of custody, residence, and contact
- Divorce and division of property
- Trial
- Judgment on custody, residence, and contact
- Criminal victims authority
- Criminal injuries compensation

- Insurance company
- Attorney, plaintiff assistant
- Hospital, health center, dentist
- Police, District attorney's office
- District court, criminal case, civil case
- Crime victims authority
- Judgment on penalty and indemnity
- Criminal investigation
- Injury documentation by a doctor
- Interrogation
- Application for a restraining order

- Risk assessment
- Report

- Social services municipality/county
- Individual and family care assessment
- Processing with dialogue and play
- Divorce and division of property
- Contact person at visitation
- Possible cooperation talks
- Investigation of custody, residence, and contact
- Investigation of children's need of support and help

- Income support
- Shelters accommodations
- Calculation of income support according to Social Board's general advice for abused women
- Shelters accommodations, new home, perhaps another municipality
- Shelters accommodations
- Supportive conversation
- Witness protection etc.

- Own network
- Women's shelter
- Non-governmental organisations
- National center for victims of crime
- Childcare and school
- Immigrant service
- Tax authority
- Employment agency

- Income office
- Employer
- Bailiff
- New job, work experience, adult education, employment training

- Dentist
- Dental care
- Housing subsidy, allowance
- Sick leave, rehabilitation plan etc.

- Hospital, health center, dentist
- Care and treatment of injuries etc.
- Adult psychiatry
- Child psychiatry

- Bailiff
- Debts cured by imposed move, loss of income etc.
- Insurance company
- Attorney, plaintiff assistant
- Indemnity
- Fire insurance

- Bailiff
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- Immigration service
- Tax authority
- Employment agency

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US War Strategy in Afghanistan
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

transforming lives impacted by violence

619 West Walnut Street | Milwaukee, Wisconsin
PROPOSED VIEW OF SHELTER FROM SOUTHEAST
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?

- NONE 48% (113)
- ANY 52% (124)

- Public insurance 34% (81)
- Military 1% (3)
- Other’s work 7% (17)
- Through work 10% (23)
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/flues, Hearing loss.

Excluded if ONLY these symptoms:
Headaches, Fatigue, Physical Injury/Disability.
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.
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.

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

CDC Guidelines

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
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

Check-in
- Includes warm welcome, filling out client intake (demographic information), background screening, notifying client services staff/advocates, offering refreshments in kitchen or waiting area.

Intake Screening
- Navigators or advocates introduce themselves, provide overview of FJC services, discuss consent, confidentiality, information sharing, and mandated reporting requirements.
- Conduct Risk Assessment (Danger Assessment), facilitate Safety Planning, and develop service and follow-up plan.

Service Delivery
- Intake Specialists, advocates, and volunteers work together to coordinate services among partners.

Exit Interview
- Navigators/advocates verify all services were provided, answer questions, provide any additional information, discuss follow-up plan, and ensure survivor safely leaves FJC.
- Exit Survey may also be taken; may be best to administer during a follow-up call.

Follow-up and Case Management
- Case managers are assigned and conduct weekly follow-up calls, as needed, facilitate new appointments with partners, and maintain communication until survivors are ready to close their case.
- High-risk team may be activated with victim's consent.
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

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**DANGER ASSESSMENT**

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 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 descriptors 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?
4. Has he ever used a weapon against you or threatened you with a lethal weapon?
5. Has he ever used a weapon against you or threatened you with a lethal weapon?
6. Does he threaten to kill you?
7. Has he avoided being arrested for domestic violence?
8. Do you have a child that he has not seen?
9. Has he ever forced you to have sex when you did not want to do so?
10. Does he ever try to choke you?
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? (All he tells, but you do not let him, check here.)
14. Is he violent and constantly irritable of you? (For instance, he says "If I can’t have you, no one can.")
15. Have you ever been battered 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. Has he threatened 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
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

DANGER ASSESSMENT

Jacquelyn C. Campbell, Ph.D., R.N.
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- 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?
- 4a. (If he has not lived with him, check here.)
- 4b. 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. Have you been pregnant?
- 9. Has he ever forced you to have sex when you did not wish to do so?
- 10. Does he ever try to choose you?
- 11. Does he use illegal drugs? By drugs, I mean "speed" or amphetamines, "mash", speed, 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.)
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## Danger Assessment for Health Checklist

**Danger Assessment Checklist: Health Concerns & Safety Planning**

<table>
<thead>
<tr>
<th>If client answered “YES” to items:</th>
<th>Check if completed</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td># 1, 5, 6, 9, 10, 13, 15</td>
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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?

2) Refer
   Sample script:
   “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?”

3) Resources
   Provide information and resources on health and DV.
   - Futures Health cards
   - Local resources
   - Talk with CATS nurse or onsite health provider
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
Safety Planning & Follow-up

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**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.strangulationtraininginstitute.com

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