

Partnering with Hospitals to
Reach More Victims:
Advancing the Use of
Hospital-Based Services

Tuesday, August 13, 2019
2019 VOCA Conference
San Diego, CA



Overview

What is Hospital-based Violence
Intervention Work?

Advancing Hospital-based Victims
Services (AHVS) Initiative

Training and Technical Assistance

Site Spotlight: Bakersfield, CA

Q&A

Introductions

Shehila Stephens, Director of Training and Technical Assistance, National Network of Hospital -based Violence Intervention Programs (NNHVIP)

Holly Austin Gibbs, Human Trafficking Response Program Director, Dignity Health

Let's Hear from You

What brought you to this session?

What do you hope to learn?



Brief History of Hospital -Based Violence Intervention Programs (HVIPs)

A public health approach to violence prevention. Intervention in emergency department or at hospital bedside by culturally competent intervention specialists

Mid 1990s - Youth ALIVE! In Oakland, CA and Project Ujima in Milwaukee, WI developed the nation's first HVIPs

Programs combine efforts of medical staff with trusted partners who are well - positioned to provide intervention to violently injured youth after hospitalization



Effectiveness of HVIPs

HVIPs save lives, and help stop the “revolving door” of violent injuries into emergency departments

HVIPs reduce subsequent criminal justice contact and involvement in violent crime

HVIPs reduce hospital expenses

HVIPs connect uninsured patients with Medicaid, SSI, and Victim of Crime programs

HVIPs have experience working with patients that hospital staff may find challenging

HVIPs help non-profit hospitals meet community benefit requirements.

Partnering with Hospitals

Hospitals are essential partners and resources for efforts to reduce violence

Hospitals present a unique opportunity to reach populations during the “golden moment” when patients are most receptive to interventions that promote positive behavior change



Advancing Hospital -based Victim Services (AHVS) Initiative

US Department of Justice (DOJ), Office of Justice Programs (OJP) Office for Victims of Crime (OVC) Advancing Hospitalbased Victim Services (AHVS) Initiative

Support evidence-based models, practices, and policies that improve partnerships between the victim services field and hospitals and other medical facilities to increase support for victims of crime

Provide comprehensive, coordinated, trauma-informed services and support that address the full range of victim needs

Foster a community of learning and growth to share best practices and lessons learned



Advancing Hospital -based Victim Services (AHVS) Sites

Bakersfield, CA - Dignity Health

Bethel, AK - Tundra Women's Coalition

Boston, MA - Brigham and Women's Hospital

Chicago, IL - Swedish Covenant Hospital

Denver, CO- Denver Health

Kansas City, MO- Kansas City Health Department, Aim4Peace

Milwaukee, WI - Children's Hospital of Wisconsin, Project Ujima

Washington DC- Children's National Hospital

AHVS GOALS AND OBJECTIVES

Goals/Objectives

The National Network for Hospital Based Violence Intervention Programs (NNHVIP) works alongside Youth ALIVE! (YA), Cure Violence (CV), Futures Without Violence (FWV), and the San Francisco Trauma Recovery Center (SF-TRC), to provide technical assistance for various types of violence (e.g. community violence, human trafficking, domestic violence, homicide, etc.).

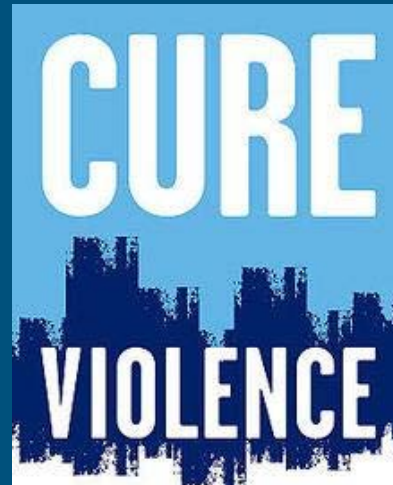
We support those providing services (e.g. doctors, therapists, community-based providers, trauma center injury prevention coordinators, social workers). Our technical assistance project will leverage our expertise and national infrastructure in complementary ways to address the needs of victims in hospital settings by providing comprehensive technical assistance to hospital-based victim services.

OBJECTIVES

Our Objectives include:

1. Assessing training and technical assistance needs for grantee sites. Evaluate and improve quality of TTA.
2. Provide sites with capacity building support that addresses the specific needs of male and female survivors of harm. Hospital staff and hospital-affiliated workers will gain skills that are culturally responsive, trauma-informed, and survivor-focused.
3. Facilitate peer consulting & networking among OVC, stakeholders, and sites. Expand the awareness of and resources for hospital-based victim services.
5. Support hospitals build strategies for community outreach and engagement that frame violence as a health issue and link victim services effectively to health systems.
6. Develop a toolkit for policymakers and VOCA State Administering Agencies (SAAs) that effectively highlights opportunities for collaboration between victim services and healthcare, identifies strengths and challenges of these approaches, and supports opportunities to better serve victims through a health lens.

Training and Technical Assistance Providers





Training and Technical Assistance Map





Site Spotlight

Human Trafficking Response Program, Dignity Health

Bakersfield, CA

PEARR Tool

In partnership with **HEAL Trafficking** and **PSC**, with support from Dignity Health Foundation, **Dignity Health** developed “PEARR Tool.”

PEARR Tool offers guidance to physicians, **social workers**, nurses, other health professionals on how to provide trauma-informed assistance to patients who are at high-risk, or who are exhibiting signs/symptoms, of ANV, including HT.



Download Example Abuse Policy and PEARR Tool here: dignityhealth.org/human-trafficking-response

Trauma-Informed Approach

PEARR Tool designed to reflect **guiding principles** of trauma-informed approach. As described by SAMHSA, guiding principles are:

- **Safety**
- **Trustworthiness and transparency**
- **Peer support and mutual self-help**
- **Collaboration and mutuality**
- **Empowerment, voice, and choice**
- **Consideration of cultural, historical, and gender issues**

Learn more from SAMHSA's *Concept of Trauma and Guidance for a Trauma-Informed Approach*:
<https://store.samhsa.gov/system/files/sma14-4884.pdf>.

Universal Education

PEAR Tool is based on universal education approach, which focuses on educating patients about violence **prior to**, or in lieu of, **screening**.

Goal is to have informative and **normalizing** conversation with patients in order to create context for affected patients to naturally share own experiences.

Normalized, yet **developmentally-appropriate**, conversation using brochures or safety cards can facilitate dialogue about sensitive topics.



Universal education popularized by FUTURES as part of “CUES Intervention” model – health professionals encouraged to use safety cards to talk with all patients about healthy relationships and health effects of violence.

PEARR Steps

PEARR stands for:

- **P**rovide privacy
- **E**ducate
- **A**sk
- **R**espect and **R**espond

Double asterisk ** indicates points at which conversation with patient may end. Once this occurs, refer to double asterisk in PEARR Tool for **additional steps**, i.e., report safety concerns, complete mandated reporting, continue health services.



Download PEARR Tool here:

dignityhealth.org/human-trafficking-response

National HT Hotline Cards

CALL TOLL-FREE, 24 HOURS:
1-888-373-7888
or text HELP to **233733**



**BE ALERT.
BE STRONG.
BE FREE.**

Help is just a **phone call** or **text** away.

To reach a non-governmental,
confidential help line:
CALL TOLL-FREE, 24 HOURS
1-888-373-7888
or text HELP to
BeFree (233733)
(170+ languages)

Or call **911** in a an emergency

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Or call **911** in a an emergency

Order here: dhs.gov/blue-campaign



Feedback

Q&A

Thank You!

Contact information:

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Sign up for mailing list!

www.nnhvip.org

PEARR Tool



Trauma-Informed Approach to Victim Assistance in Health Care Settings

In partnership with HEAL Trafficking and Pacific Survivor Center, Dignity Health developed this tool, the “PEARR Tool”, to guide physicians, social workers, nurses, and other health care professionals on how to provide **trauma-informed assistance** to patients who are at high risk of abuse, neglect, or violence. The PEARR Tool is based on a **universal education approach**, which focuses on educating patients about abuse, neglect, or violence prior to, or in lieu of, screening patients with questions.

The goal is to have an informative and normalizing, yet developmentally- and culturally-appropriate, conversation with patients in order to create a context for them to share their own experiences.

A double asterisk ** indicates points at which this conversation may end. Refer to the double asterisk ** at the bottom of this page for additional steps. The patient’s immediate needs (e.g., emergency medical care) should be addressed before use of this tool.

P

Provide
Privacy

1. Discuss sensitive topics **alone** and in **safe, private setting** (ideally private room with closed doors). If companion refuses to be separated, then this may be an indicator of abuse, neglect, or violence.** Strategies to speak with patient alone: State requirement for private exam or need for patient to be seen alone for radiology, urine test, etc.

Note: Companions are not appropriate interpreters, regardless of communication abilities. If patient indicates preference to use

companion as interpreter, see your facility’s policies for further guidance.**

Note: Explain **limits of confidentiality** (i.e., mandated reporting requirements) before beginning any sensitive discussion; however, do not discourage person from disclosing victimization. Patient should feel in control of all disclosures. Mandated reporting includes requirements to report concerns of abuse, neglect, or violence to internal staff and/or to external agencies.

E

Educate

2. Educate patient in manner that is **nonjudgmental** and **normalizes** sharing of information. Example: “I educate all of my patients about [fill in the blank] because violence is so common in our society, and violence has a big impact on our health, safety, and well-being.” **Use a brochure or safety card** to review information about abuse, neglect, or violence, and

offer brochure/card to patient. [Ideally, this brochure/card will include information about resources (e.g., local service providers, national hotlines)]. Example: “Here are some brochures to take with you in case this is ever an issue for you, **or someone you know.**” If patient declines materials, then respect patient’s decision.**

A

Ask

3. Allow time for discussion with patient. Example: “Is there anything you’d like to share with me? Do you feel like anyone is hurting your health, safety, or well-being?”** If available and when appropriate, use **evidence-based tools** to screen patient for abuse, neglect, or violence.**

Note: All women of reproductive age should be intermittently screened for intimate partner violence (USPSTF Grade B).

health, safety, and well-being. You don’t have to share details with me, but I’d like to connect you with resources if you’re in need of assistance. Would you like to speak with [insert advocate/service provider]? If not, you can let me know anytime.”**

Note: Limit questions to only those needed to determine patient’s safety, to connect patient with resources (e.g., trained victim advocates), and to guide your work (e.g., perform medical exam).

4. If there are indicators of victimization, **ASK** about concerns. Example: “I’ve noticed [insert risk factor/indicator] and I’m concerned for your

USPSTF = US Preventive Services Task Force

R R

Respect and
Respond

5. If patient denies victimization or declines assistance, then **respect patient’s wishes**. If you have **concerns about patient’s safety**, offer hotline card or other information about resources that can assist in event of emergency (e.g., local shelter, crisis hotline).** Otherwise, if patient accepts/requests assistance with accessing services, then **provide personal introduction**

to local victim advocate/service provider; or, **arrange private setting** for patient to call hotline:

National Domestic Violence Hotline, 1-800-799-SAFE (7233);
National Sexual Assault Hotline, 1-800-656-HOPE (4673);
National Human Trafficking Hotline, 1-888-373-7888 **

** Report **safety concerns** to appropriate staff/departments (e.g., nurse supervisor, security). Also, **REPORT** risk factors/indicators as required or permitted by law/regulation, and continue **trauma-informed** health services. Whenever possible, **schedule follow-up appointment** to continue building rapport and to monitor patient’s safety/well-being.



Child Abuse and Neglect

Risk factors include (not limited to): Concerns of domestic violence (DV) in home; parents/guardians exhibiting mental health or substance use disorders; parents/guardians who are overly stressed; parents/guardians involved in criminal activity; presence of non-biological, transient caregivers in home.

Potential indicators of victimization include (not limited to): Slower-than-normal development, failure to thrive, unusual interaction with parent, signs of mental health disorders [e.g., depression, post-traumatic stress disorder (PTSD), self-harm], sudden difficulty in school, medical or physical neglect, sudden changes in behavior, new or unusual fears/anxiety, unexplained injuries (e.g., bruises, fractures, burns – especially in protected areas of child’s body), injuries in pre-mobile infants, sexually transmitted infections (STIs).

For additional information, see *Child Welfare Information Gateway*: www.childwelfare.gov

Abuse/Neglect of Vulnerable Adults (e.g., elder and dependent adults)

Risk factors include (not limited to): Concerns of mental health or substance use disorder with caregiver, caregiver exhibits hostile behavior, lack of preparation/training for caregiver, caregiver assumed responsibilities at early age, caregiver exposed to abuse as child.

Potential indicators of victimization include (not limited to): Disappearing from contact; signs of bruising or welts on the skin; burns, cuts, lacerations, puncture wounds, sprains, fractures, dislocations, internal injuries or vomiting; wearing torn, stained, bloody clothing; appearing disheveled, in soiled clothing; appearing hungry, malnourished.

For additional information, see *National Association of Adult Protective Services (NAPSA)*: napsa-now.org; *Centers for Disease Control and Prevention (CDC)*: cdc.gov/violenceprevention/elderabuse/index.html

Domestic Violence / Intimate Partner Violence (IPV)

DV/IPV can affect anyone of any age, gender, race, or sexual orientation. **Risk factors** include (not limited to): Low self-esteem, low income, low academic achievement, young age, aggressive/delinquent behavior as youth, heavy alcohol/drug use, depression, suicide attempts, isolation, anger, and hostility.

Potential indicators of victimization include (not limited to): Injuries that result from abuse or assault, e.g., signs of strangulation, bruises, burns, broken bones; psychological conditions such as anxiety, depression, sleep disturbances; sexual and reproductive health issues, e.g., STIs, unintended pregnancy.

For additional information, see *National DV Hotline*: thehotline.org; *CDC*: cdc.gov/violenceprevention/intimatepartnerviolence/index.html

Sexual Violence

Sexual violence crosses all age, economic, cultural, gender, sexual, racial, and social lines. Some statistics from Rape Abuse & Incest National Network (RAINN): More than 300,000 persons are victimized annually; ages 12-34 are the highest risk years. Female college students (ages 18-24) are three times more likely than women in general to experience sexual violence. One in 33 American men have experienced an attempted or completed rape. And, 21% of transgender, gender-queer, nonconforming (TGQN) college students have been sexually assaulted.

Potential indicators of victimization include (not limited to): STIs, pregnancy, depression, PTSD.

For additional information, see *RAINN*: rainn.org; *CDC*: cdc.gov/violenceprevention/sexualviolence/index.html

Human Trafficking (e.g., labor and sex trafficking)

Although human trafficking crosses all age, economic, cultural, gender, sexual orientation, racial, and social lines, traffickers often target persons in situations of vulnerability. **Risk factors** include (not limited to): Running away or homelessness (particularly for youth), history of interpersonal abuse or violence, involvement in commercial sex industry, minority/immigrant status.

Potential indicators of victimization include (not limited to): Accompanied by controlling companion; inconsistent history; medical or physical neglect; and submissive, fearful, hypervigilant, or uncooperative behavior.

For additional information, see *National HT Hotline*: humantraffickinghotline.org

As defined by the Substance Abuse and Mental Health Services Administration (SAMHSA), a **trauma-informed approach** includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. This includes understanding how trauma can impact patients, families, communities, and the professionals attempting to assist them.

SAMHSA describes the guiding principles of a trauma-informed approach as follows: safety; trustworthiness and transparency; peer support and mutual self-help; collaboration and mutuality; empowerment, voice, and choice; and consideration of cultural, historical, and gender issues.

To learn more, please see *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach*: <https://store.samhsa.gov/system/files/sma14-4884.pdf>

PEARR Tool – Contact List of Resources and Reporting Agencies



Local, Regional, and State Resources/Agencies

County Child Welfare Agency:

County Welfare Agency for Vulnerable Adults:

Sexual Assault Response Team (SART) Center
or Child Advocacy Center (CAC):

Local Law Enforcement Agency:

Local FBI Office:

Local DV/IPV Shelter – Program:

Local Runaway/Homeless Shelter:

Local Immigrant/Refugee Organization:

Local LGBTQ Resource/Program:

National Agencies, Advocates, Service Providers

National Human Trafficking Hotline: 1-888-373-7888 (888-3737-888)

National Domestic Violence Hotline: 1-800-799-SAFE (7233)

National Sexual Assault Hotline: 1-800-656-HOPE (4673)

National Teen Dating Abuse Hotline: 1-866-331-9474

National Runaway Safeline for Runaway and Homeless Youth: 1-800-RUNAWAY (786-2929)

StrongHearts Native Helpline: 1-844-7NATIVE (762-8483)

National Suicide Prevention Lifeline: 1-800-273-8255

Notes

The PEARR Tool was developed by Dignity Health, in partnership with HEAL Trafficking and Pacific Survivor Center, with support from Dignity Health Foundation.

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