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# Building bridges between Domestic Violence Prevention and Health Care

## Key Findings and Lessons Learned from the Domestic Violence and Health Care Partnership Project

Violence against women is a public health threat with significant consequences in California and across the nation. The Institute of Medicine has identified healthcare providers as a key resource for preventing abuse and helping survivors to achieve well-being. Towards this end, over two decades of population health literature has emphasized collaboration within and outside of the healthcare system in order to effectively tackle complex public health problems, including trauma and abuse. The ACA's prevention guidelines for women's health include domestic violence screening, counseling, and referrals but few providers have the training and relationships to implement these practices effectively.

### A Partnership Approach

To address this divide, Blue Shield of California Foundation, in partnership with Futures Without Violence, launched its Domestic Violence and Health Care Partnership (DVHCP) initiative in 2013 to promote collaboration between domestic violence (DV) and health organizations to improve systems of DV care in the safety net in California. The goal was to increase access to high-quality, integrated health and DV services for vulnerable populations. Cross-sector partners in 19 cities worked to develop, test, and implement new ways of preventing and addressing domestic violence and promoting greater awareness of its health implications.

The health care setting is a particularly critical site for addressing DV for several reasons. Primary health care settings are important sources of care for those who experience DV especially for those who don't report. Likewise, those who experience DV are frequent users of the healthcare system because of the profound impact on health, although they may not recognize that the health concerns are associated with their experiences of abuse. Health care providers and staff are on the front lines of identification of DV and support for their patients.

Healthcare utilization costs for victims of domestic violence are **20%** higher than for those not impacted.

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## Measuring Impact

Over the course of the three-year evaluation period, researchers at the University of Pittsburgh's School of Medicine gathered and analyzed data to assess progress. The evaluation team tracked: (1) the role of leadership in achieving the objectives of the partnership, (2) the relative importance of staff training and skill-building, as well as (3) patient and survivor outcomes. The evaluation was tailored to the needs and populations of each site, but consistent methods included:

Survey data was supplemented by **qualitative interviews** with organizational leaders, patients, and survivors to provide additional insight into the impact, success, and challenges of this initiative.

"I think it's important that they ask, "Are you okay?" "Is anything going on?" I know that when I was in that relationship I would never even go to the doctor."

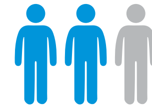
"Before this training I wouldn't know the steps to get help. I wouldn't have information on my own or close at hand. Now if I need something then I know I can call my partner organization."

"Violence plays a huge part in health which has allowed us to see how we can provide support. You can't treat the patient and not consider what they are going home to."

## Key Findings: Why this matters!

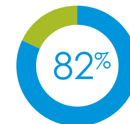
The following are highlighted findings on outcomes from this initiative achieved across all DVHCP partnership sites:

1. **Health care providers are twice as likely to screen for domestic violence.**
Health care providers doubled their rate of assessment of domestic violence and sexual assault during patient encounters and 2 out of 3 patients reported having their provider talk to them about healthy and unhealthy relationships (with some sites achieving 100%).

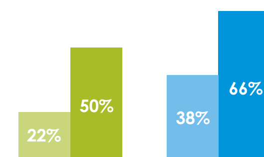


2. **Patients are more likely to report domestic violence.**
Among patients with prior exposure to unhealthy relationships, more than 1 in 3 reported that they shared this with their health care provider (compared with normal rates of fewer than 1 in 10).

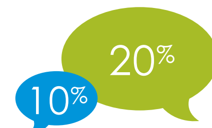
3. **DV clients more likely to focus on health needs.**
82% of clients reported an increased understanding of the effects of domestic violence on personal health after being seen at a partner health care organization.




4. **DV advocates and health care providers are more likely to make referrals.**
Both advocates and health care providers reported significant increases in their confidence referring to each other's organizations.
    - Providers are more likely to be confident in referring clients to their DVHCP partner organization. (Increased from 22% of providers to 50%.)
    - DV advocates are more likely to be "completely confident" in referring a client to their partner organization. (Increased from 38% of advocates to 66%.)




5. **Health care providers are more likely to discuss domestic violence with their patients.**
One in five providers reported that they discussed DV with their patients "all of the time" a 50% increase from before the initiative. Providers also reported greater comfort with helping patients connect to DV services.




6. **There is strong leadership support for collaboration.**
    - 99% of leadership team members from participating agencies agreed or strongly agreed that, "My organization benefits from being involved in this collaboration."
    - Feelings of trust, sense of shared goals, and both formal and informal communication improved over time.

## Lessons Learned

- A lesson learned that was not captured in the formal evaluation was the rates of domestic violence experienced by the health care professionals who work with patients and survivors of domestic violence. The majority of site collaboratives reported that at least some staff from their health care partner self-reported and accessed DV services.
- Overall, there is interest to address barriers for advocates and providers with the goal of fully integrated assessment and effective response to DV and health into their routine practice.
- Establishing formal agreements to facilitate the referral process was a critical step. Health centers developed written protocols for assessment and response to DV while DV agencies developed protocols for assessing health needs of their clients and expeditious referrals to medical services.
- Educational materials for patients/survivors need to be adapted to be culturally and linguistically relevant.
- One time trainings are not sufficient, they should be ongoing and accessible for all staff, and be integrated into orientation procedures in order to reach new staff.
- Surveys with stakeholders demonstrate that improvements in provider and advocate behaviors are possible, even in a short period of time.
- At the leadership team level (between health centers and DV agencies), the evaluation identified the need for improvements in shared decision making across organizations and more intentional and regular plans for communication.

## Further Reflections and Moving Forward

The domestic violence and health care leaders from the 19 communities in this project have been extraordinary community-based innovators, willing to collaborate deeply to make a meaningful change in the lives of their patients and clients. It has been a privilege to be a supporter, learner and advocate in this journey. The project demonstrated that domestic violence and health care providers in California can co-create solutions to integrate care that brings health and domestic violence services to individuals who are not accessing them otherwise. Health care settings can be effective entry points for domestic violence services with the right systems and partners in place. Equally important, DV organizations can be effective entry points for health care services, often among clients who have not seen a doctor in a long time. The DV Health Care Partnerships project promoted earlier intervention and advanced DV awareness to reach individuals who were not accessing information about healthy relationships.

The Foundation has learned tremendously from this project. We will take the lessons learned about collaboration, cross-sector partnerships, community-based leadership and solutions as we shift into a new strategic vision to "Break the Cycle of Multigenerational Violence" which will incorporate the needs, strengths, and perspectives of our state's diverse communities to advance practices and policies to bring about meaningful change for families. For more information on domestic violence and health care partnerships, please go to the Foundation's website https://www.blueshieldcafoundation.org/grants/legacy-projects/domestic-violence-health-care-partnerships or https://dvhealthpartnerships.org/

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