NATIONAL HEALTH CARE STANDARDS CAMPAIGN ON FAMILY VIOLENCE

MODEL PRACTICES FROM 15 STATES

A project of the Family Violence Prevention Fund

Funded by the Conrad Hilton Foundation with support from the U.S. Department of Health and Human Services, Administration for Children and Families.

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The Family Violence Prevention Fund (FVPF) works to end domestic violence and help women and children whose lives are devastated by abuse, because every person has the right to live in a home free of violence. The FVPF challenges lawmakers to take domestic violence seriously, educates judges to protect all victims of abuse, and advocates for laws to help battered immigrant women. The FVPF works with health care providers and employers to identify and aid victims of abuse, helps communities support children from violent homes, and shows Americans how to help end domestic violence.

The FVPF is a national non-profit organization committed to mobilizing concerned individuals, allied professionals, women's rights, civil rights, other social justice organizations and children's groups through public education/prevention campaigns, public policy reform, model training, advocacy programs and organizing.

FAMILY VIOLENCE PREVENTION FUND

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If you would like more information about improving the health care system's response to domestic violence contact:

THE FAMILY VIOLENCE PREVENTION FUND'S

National Health Resource Center on Domestic Violence
www.endabuse.org/health
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REPORT PRODUCTION

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EXECUTIVE SUMMARY

- *A doctor in Washington DC who never before raised the issue asks a patient the cause of her injuries, confidently directing her to expert help when she discloses abuse. With this support, she soon leaves a violent relationship, escaping the abuse that had plagued her and her children for years.*
- *Nurses in California's reproductive health program begin screening patients for domestic violence. They guide thousands of pregnant women at risk for abuse to programs that help them stay safe while they carry their pregnancies to term.*
- *Domestic violence experts and health care providers join together to convince Pennsylvania lawmakers to put a domestic violence advocate in every hospital in the state. These advocates intervene to aid thousands of victims of abuse, potentially saving countless lives.*

For years, advocates for victims of domestic violence have searched for effective new ways to work with health care providers to help victims. Convinced that this kind of collaboration offered tremendous promise for improving health and preventing injuries and deaths, the Family Violence Prevention Fund launched the National Health Care Standards Campaign on Domestic Violence. Fifteen states participated in this unprecedented, highly successful effort to apply the energy, creativity and savvy of battered women's advocates and health care professionals to stop family violence.

The National Health Care Standards Campaign had a much greater impact than its designers dared imagine when it began. Its accomplishments are too great to list in this summary, or even in this report - but some of the accomplishments include the following:

- **Alabama's State Medicaid Office mandated domestic violence screening for all pregnant Medicaid patients in the state.**
- **Family PACT, California's reproductive health program started a new initiative so that 1.3 million uninsured women can now be screened for domestic violence.**
- **The Florida Department of Public Health instituted family violence assessments for women age 14 or older - and all pregnant women - seeking care in the state's 67 County Health Departments.**
- **Iowa's Department of Public Health added three new questions on family violence to its annual survey on behavioral health, vastly improving data collection and providing better information to the federal Centers for Disease Control and Prevention.**
- **Illinois launched a new grants program to fund local collaborative projects between health care and domestic violence communities that promote violence prevention and response efforts.**
- **A Governor's Task Force in Massachusetts initiated domestic violence training for all maternal and child health workers in the state.**
- **Nebraska and Missouri adopted domestic violence curricula at its major medical schools.**

- **Pennsylvania's Department of Welfare is working with the state domestic violence coalition to train providers in every HMO serving patients who receive medical assistance.**
- **West Virginia, Nevada, New Hampshire and Ohio offered continuing education on abuse to health care providers, many from rural communities, providing in-depth training on abuse. Thousands came.**
- **Wisconsin advocates placed guest editorials in six major newspapers and launched a movie trailer to raise awareness about its new health/domestic violence partnership, and tell victims how to get help.**

Each innovation listed here, and in the pages that follow, has increased awareness, aided victims and saved lives. Each experience has strengthened the relationship between health care professionals and battered women's advocates. And each collaboration has reinforced the shared mission of the health care and domestic violence prevention communities - to protect women and children.

Our deepest gratitude goes to our partners at the Conrad N. Hilton Foundation, for their financial, strategic and moral support throughout this project. It is their trust, faith and confidence that allowed this Campaign to succeed and thrive. Through this report, and the ongoing efforts of members of our State Leadership Teams and their colleagues in other states, we will continue to build on the knowledge presented here and find new ways to end abuse and keep women and children safe.

TABLE OF CONTENTS

EXECUTIVE SUMMARY iii

THE NATIONAL HEALTH CARE STANDARDS CAMPAIGN 6

MAKING THE CONNECTION: FAMILY VIOLENCE AND PUBLIC HEALTH 11

NEW TOOLS TO HELP IDENTIFY & ASSIST VICTIMS OF ABUSE 17

PROFESSIONAL EDUCATION OPPORTUNITIES FOR HEALTH CARE PROVIDERS 21

GREATER AWARENESS OF DOMESTIC VIOLENCE 26

STATE AND AGENCY POLICY REFORM 30

RESEARCH AND DATA COLLECTION TO ADVANCE PRACTICE AND POLICY 34

SUSTAINABILITY, CREDIBILITY AND NEW RESOURCES 37

LESSONS LEARNED FROM THE NATIONAL STANDARDS CAMPAIGN 40

STATE CONTACTS 43

THE NATIONAL HEALTH CARE STANDARDS CAMPAIGN

Carol Quintana left her doctor's office and returned home to a man who had been beating her for years. Just two weeks later, she came back to the doctor with headaches and severe back pain.

Could her doctor have known that abuse was the cause of Carol's frequent health problems? Had he ever asked? Would he know how to help if Carol disclosed that she was a victim of abuse? How many injuries and health problems would Carol sustain before her doctor explored the root cause?

There's nothing unusual about Carol Quintana's story. Most women visit their health care providers regularly, often before they call law enforcement or domestic violence experts to report abuse or seek help. Yet, even if abuse dramatically affects their health, it often goes unnoticed and unaddressed by health care providers.

The health care system offers unparalleled opportunity for family violence identification and prevention, yet few health care providers are identifying or helping most victims of domestic violence.

To remedy this systemic problem and save lives, the Family Violence Prevention Fund (FVPF) launched the three-year National Health Standards Campaign on Domestic Violence (NSC) in 2000, with funding from the Conrad N. Hilton Foundation. Fifteen very different states were chosen to participate in this unprecedented effort to create innovative and sustainable health care responses to domestic violence.

STATES PARTICIPATING IN THE NATIONAL HEALTH STANDARDS CAMPAIGN

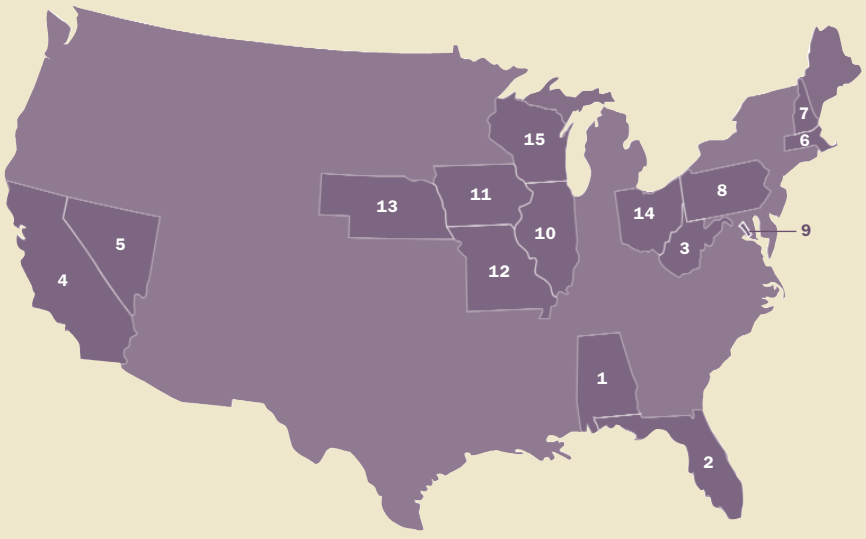
South
1. Alabama
2. Florida

Appalachian
3. West Virginia

Pacific/Mountain Region
4. California
5. Nevada

East Coast
6. Massachusetts
7. New Hampshire
8. Pennsylvania
9. Washington, DC

Midwest
10. Illinois
11. Iowa
12. Missouri
13. Nebraska
14. Ohio
15. Wisconsin



THE NATIONAL HEALTH CARE STANDARDS CAMPAIGN

In each state, Leadership Teams – comprised of public health and professional health association representatives, domestic violence experts, managed care systems and individual clinicians – met regularly to develop and guide statewide health care initiatives on family violence. In many states, the NSC created the first-ever chance for key leaders in the health care and domestic violence fields to build a sustained effort to collaboratively respond to family violence. Their goals were to create public health initiatives, reform policy, and educate and train providers on family violence prevention. Through their statewide and cross-disciplinary Leadership Teams, they explored ways to identify and help more patients facing abuse and to find innovative strategies for integrating family violence prevention into health care programs in their states. NSC members met twice a year to share strategies, ideas and insights.

This report details several instances where synergy within and between states resulted in tremendous advances.

> **"Our state's NSC team brought together 80 people from all aspects of health care: nurses and public health and domestic violence programs leaders. We built the team based on existing relationships and those people brought in more people they knew. Together, we just kept asking: 'When has health care been most useful to a victim getting safer? How can we make that story repeat itself everywhere by implanting those lessons in the policies, practices and beliefs of the health care system?'"**

DOMESTIC VIOLENCE IS A HEALTH CARE PROBLEM OF EPIDEMIC PROPORTIONS

- **Nearly one-third of American women (31%) report being physically or sexually abused by a husband or boyfriend at some time in their lives.[1]**
- **Domestic violence is connected to 8 out of 10 of the leading health indicators that the US Department of Health's Healthy People 2010 Goals are working to improve.[2]**
- **Homicide is primary cause of death among pregnant women.[3]**
- **Adverse childhood experiences, including witnessing abuse, put you at risk for the leading causes of death in our country.[4]**
- **Yet, less than 10% of primary care physicians routinely screen their patients for partner abuse.[5]**

Successes: In just three years, the NSC had remarkable achievements. In every state - from the most experienced to those just beginning to enhance the health system's response to victims – the task was to build systemic reforms, capacity, leadership and sustainability. This report tells the story of the campaign's most promising practices and replicable highlights.

THE NATIONAL HEALTH CARE STANDARDS CAMPAIGN

ACHIEVEMENTS	HIGHLIGHTS
Launched innovative public health initiatives	• Implemented polices that ensured that millions of women who access care through the public health system are asked about abuse and given support and educational materials. • Embedded family violence interventions into existing public health programs without new funding. • Encouraged providers to ask about abuse by including policies about family violence interventions in contracts between public health systems and providers.
Created tools to help health care systems identify and assist victims of family violence	• *National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings.* • *Making the Connection: Public Health and Domestic Violence. A Tool Kit for Public Health Professionals* • *The Business Case for Domestic Violence Programs in Health Care Settings.*
Created professional education opportunities for health care providers	• Conducted training for thousands of providers nationwide • Developed curricula to help medical schools teach the next generation of doctors. • Used distance learning programs and teleconferencing technology to expand reach and train providers – especially in rural areas. • Developed new videos and materials to train providers working in diverse health care settings.
Expanded awareness about domestic violence as a major public health concern	• Produced and screened movie trailers in three states to raise awareness of domestic violence. • Involved thousands of health care professionals in *Health Cares About Domestic Violence Day* activities.

ACHIEVEMENTS	HIGHLIGHTS
Created systematic and sustainable change through health policy reform	• Improved a mandatory reporting law to give survivors more autonomy. • Added domestic violence advocates to the staff of every hospital in one state. • Secured more resources and support for survivors of domestic violence and their children through one state's Victims of Crime agency. • Ensured that one state maintained its domestic violence education requirements for doctors and closed the loophole that allowed insurance discrimination. • Worked with the Joint Commission on the Accreditation of Health Care Organizations (JCAHO) to fine-tune nationwide hospital standards.
Expanded research and data collection to health practice and policy	• Launched a groundbreaking study that projected a 20% reduction in costs as a result of health care based interventions with victims. • Prevailed upon a state to change its death certificates so that homicide rates for pregnant women could be tracked. • Added questions about abuse to health surveys administered to women statewide.
Gained funding to expand health services, research and program development	• Created new grants program to support local programs that enhance collaborations between health care and domestic violence. • Launched multiple research initiatives. • Funded new staff positions to build bridges between the violence prevention and health care communities.

THE NATIONAL HEALTH CARE STANDARDS CAMPAIGN

WHAT DID THE NSC MEAN FOR PATIENTS?

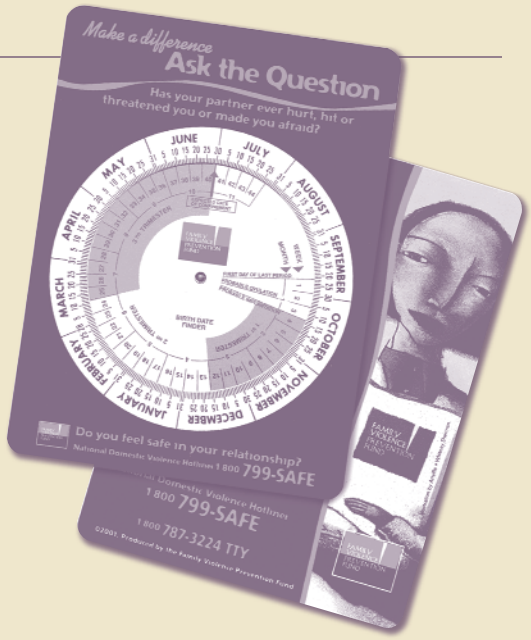
"I went to the emergency room after he punched me in the eye. He even took me there – I guess to make sure I didn't talk. When Dr. Peterson asked if someone had hit me, at first I stuck with my story. But she kept asking, in different ways, if something was going on. Finally, the way she asked one question – and just the fact that anyone would be worried for me - struck a chord. I started crying and even though I could hear my boyfriend getting agitated in the waiting room, I told the doctor about my eye and showed her my scar from when he cut me with the knife. I wish I could say I told her everything that day; I was so scared that the words couldn't all come out.

But two months later, because Dr. Peterson let me know that there were ways to get out and be safe, I left my boyfriend, got a restraining order, and started to make a new life for myself."

WHAT DID IT MEAN – FOR DOMESTIC VIOLENCE ADVOCATES?

"The National Standards Campaign was the best thing that ever happened between our domestic violence center and the local hospital. Our relationship was distant before but now we have an incredible connection. The hospital is identifying many more domestic violence victims among patients, referring to us and giving patients accurate information on domestic violence. We are also better able to respond to those being referred because we better understand hospital procedures and can work cooperatively with them on health care issues affecting our clients. The hospital now asks us to train their staff, provide materials and uses us as a resource. We couldn't be more pleased."

MAKING THE CONNECTION: FAMILY VIOLENCE AND PUBLIC HEALTH



Family violence is a public health issue of epidemic proportions. Public health professionals must work to prevent family violence just as they have successfully worked to limit smoking, drunk driving and HIV/AIDS. As Sharlyn Hansen Office of Family Planning in California Department of Health states:

> **"A lot of us in the reproductive health field don't think of domestic violence as being within our purview. But the NSC enabled me to say, 'The feds funded this project because they see the link. We know it too – domestic violence is directly implicated in unintended pregnancies and sexually transmitted infections. Domes violence is a reproductive health issue.' We started fron there and I'm proud to say that now,**
>
> **1.3 million uninsured Californian women can be screened for domestic violence through Family PACT, our state's reproductive health program."**

A major NSC goal was to put in place sustainable practices to ensure that family violence programs endure long past the campaign itself. Nearly every NSC team succeeded in doing so within the public health system, reaching millions of low-income people with information about family violence and about where to turn for help.

ENGAGING PUBLIC HEALTH AND WELFARE LEADERS

Several Leadership Teams started at the top, urging public health leaders to adopt policies on domestic violence identification and intervention. Once passed, the team then promoted the protocols and policies throughout their public health care systems and trained health care professionals statewide.

In **New Hampshire**, recommendations to assess for and collect data regarding family violence were integrated into the state's Prevention Guidelines. Issued with the help of the highest public health official in the state, these guidelines are utilized in all primary care settings throughout the state. This one act will have a lasting impact on how providers identify, intervene and prevent abuse and will deepen their understanding of the prevalence and health impact of family violence. This along with training providers and posting safety materials in doctors' offices means that more patients are likely to disclose abuse and get help.

MAKING THE CONNECTION: FAMILY VIOLENCE AND PUBLIC HEALTH

In **Pennsylvania**, the credibility that the NSC gave the Leadership Team allowed a similar ripple affect from policy to practice to take place. Nancy Durborow and Betsy Burke of the Pennsylvania Leadership Team found:

> **"The biggest factor in our success in Pennsylvania was that our Leadership Team was visible and credible. We were perfectly positioned to work with our allies in the public health system. Pennsylvania's Secretary of Public Welfare, is a very strong advocate. Our positioning, combined with the commitment of key people, converged to make a major change in our state. In working with NSC members from other states we learned about significant work they were doing within their medical assistance and family planning populations. We brought NSC team members from Alabama and California to conduct a briefing on their initiatives for Department of Public Welfare staff that really got things started for us.**
>
> **Pennsylvania's Department of Public Welfare is implementing a three-year domestic violence patient and provider education program with the commitment and cooperation of all of the providers of medical assistance HMOs.**
>
> **The Pennsylvania Coalition Against Domestic Violence, in conjunction with the Department of Public Welfare, and the HMO medical assistance providers have developed a three-year plan to educate health care professionals, educate consumers, develop patient materials and evaluate the impact of the initiative. In addition, the PA Medical Society and commercial HMO providers have joined the initiative. The Medical Society is developing a CEU web-based training program that will qualify toward the annual physician licensing requirements of ten patient safety CEU's.**
>
> **In addition, the Medical Society undertook a statewide mailing to over 19,000 licensed physicians and nurse practitioners that included RADAR information, patient safety cards and information about available resources."**

INTEGRATING FAMILY VIOLENCE INTO PUBLIC HEALTH SERVICES

Another goal of the campaign was to integrate assessment for family violence into existing programs that reach women – particularly programs focused on reproductive health or prenatal care. This goal was realized in many states. For example, the **Wisconsin** Leadership Team members integrated domestic violence screening into its Well Woman program, which serves un- and under-insured women statewide.

In **Massachusetts**, the Governor's Task Force on Domestic Violence adopted the National Consensus Guidelines on Domestic Violence formulated by the NSC. The State's Department of Public Health (DPH) was then mandated to develop a plan to train all maternal and child health workers in the state. DPH leaders prioritized family violence prevention in their Maternal and Child Health Block Grant and developed protocols for screening and training staff throughout the state. **The result:** The Massachusetts Leadership Team is now preparing to

train all maternal and child health workers, child welfare workers, family planning staff, home visitation staff, and Women, Infants and Children Program workers statewide.

The **California** Leadership Team advocated for screening within Family PACT, the state's low-income family planning program, and discovered an entrée to a health assessment policy that had been there all along. They found that discussing family violence could easily fall under the allowable reimbursement category of "medical education and counseling," already defined to include counseling on healthy relationships. **This meant that dollars that were currently unused could be applied to family violence identification and intervention.** Because lack of reimbursement is often a barrier for providers, this model has particular significance – and states looking for ways to integrate assessment for family violence at no or low costs can look California's innovative approach for replication. Once NSC leaders there realized that no real policy change was needed, their task became to train providers on how to screen and how to code their time spent screening. They used a distance-based learning tool to reach hundreds of providers in one training session. *(See discussion on innovative training techniques below).*

Family PACT
Planning • Access • Care • Treatment

Programs that are embedded in ongoing public health initiatives often reach patients – including immigrants – who may not be served by shelters or the criminal justice system. Colleen Coble, Executive Director of the **Missouri** Coalition Against Domestic Violence explains:

> **"We introduced domestic violence assessment at clinics serving immigrant and migrant workers and set up of agreements to hire dual employees – half time at the clinic and half time at the shelter. We also have screening of immigrant women and African American women who are reached through the mobile mammogram van and blood pressure screening at shopping malls and other public places. There is a table along side where domestic violence information is available – it's a safe place to get help."**

NEVADA: USING THE POWER OF THE PURSE

A breakthrough in one state demonstrates how conscientious professionals within the public health system can affect important changes by making a simple alteration to include domestic violence in the contracting process. **The Nevada NSC team prevailed upon the Health Division to contract only with public health nurses who screen for domestic violence and who participate in a domestic violence training.** As a result of collaboration between the public health and domestic violence communities, the state domestic violence coalition staff was contracted to train providers. This requirement has resulted in increased outreach to Nevada's rural communities. In two counties alone, 4,156 women were screened for domestic violence in one year.

MAKING THE CONNECTION: FAMILY VIOLENCE AND PUBLIC HEALTH

TWO SOUTHERN STATES – TWO SYSTEMS CHANGES

What can you do, knowing that homicide is the leading cause of death among pregnant women? How can the public health system take advantage of its frequent contact with providers who regularly treat pregnant women?

ALABAMA

The Alabama Leadership Team saw possibilities within the existing system. Their maternity care coordinators in the Department of Public Health serve pregnant women ages 19 to 44 living at 175% of the poverty rate. These providers see pregnant women four times during the course of their pregnancies and, as a result, can develop a real rapport with patients. The program encouraged (and reimbursed) medical providers who talked with patients about lifestyle issues that might lead to healthier pregnancies and that might impact parenting. Because that safe and healthy pregnancies and good parenting are difficult in relationships characterized by violence, it was easy to define domestic violence assessment as within the scope of the maternity care program.

Using this argument, advocates got the mandate they sought: **that all pregnant Medicaid patients be screened for domestic violence, starting in June 2002**. A statewide training program backs up the mandate and is being implemented through collaboration between the Alabama Coalition Against Domestic Violence (ACADV) and the State's Medicaid office. Angie Boy, ACADV staff and NSC Leadership Team Coordinator in Alabama says:

> **"I could almost see the light bulb go off when our Medicaid Commissioner realized that domestic violence screening would fit into the existing system, without adding staff or funds"**

But she adds, building trust was key to reaching that moment. Prior to the NSC, the ACADV's Executive Director had established relationships with many high ranking health care professionals in the state. When Boy came on to coordinate the NSC, she expanded on those contacts, including asking the Commissioner of Medicaid to appoint a deputy to the state Leadership Team. This was critical, Boy says, "Because the team was reputable and the Commissioner was invited to the table early, his appointed and trusted staff was able to inform him that it could be done."

Debbie Lee of the Family Violence Prevention Fund adds:

> **"Alabama's success was important because it showed how people could pursue opportunities they might not have even looked for in their states, without spending a lot of money. We could point to Alabama and say, 'If they can do it, you can.'"**

FLORIDA

The "win" was even bigger in Florida where the Department of Public Health instituted assessment for family violence with women age 14 and older and all pregnant women – each time a woman is seen through one of the 67 County Health Departments (CHD).

As in Alabama, affecting such an enormous change came in steps. Wendy Loomas and Robin Thompson, the Co-chairs of the Florida Leadership Team note

> **"Projects like NSC take a while to take root. We've been involved in this issue for years. So when the time came, it was relatively easy to get support from the Deputy Secretary of the Department of Public Health."**

Once the policy passed, the next step was to train a corps of trainers for each CHD. Domestic violence experts, Department of Health and CHD staff served as co-trainers, modeling the partnership needed to address domestic violence in the health care setting. CHD and local domestic violence centers took advantage of the training to discuss how to strengthen their linkages and work together more effectively.

What's the impact? Says one Florida Leadership Team member:

> **"Last week, I saw one of the staff we trained. She told me about a client who had come to the Martin County Health Department and responded 'no' on the abuse screening.**
>
> **A week later she returned with a bag of clothes and her child and said 'I'm ready to leave my husband. Can you help me?" What an impact on the victim - just by opening the door and showing some one cares.**
>
> **Providers used to call me in a panic each time they had a case. Now they are taking care of it themselves."**

WHAT CAN YOU DO?

- Investigate existing policies within individual health divisions (i.e. those covering reproductive health or sexually transmitted infection) and see if regulations will permit integration and reimbursement for family violence assessment and response.
- Include family violence training, assessment and intervention as elements in the contracts between departments of health and county health departments.
- Use national consensus guidelines on domestic violence (see discussion below) as a foundation to develop state or countywide protocols on domestic violence identification and prevention.
- Include family violence assessment and intervention as part of routine care provided by clinics serving low income and underserved patients in your community.
- Integrate family violence assessment and education materials into public health programs such as Well Woman, family planning, HIV prevention, substance abuse and children's programs. (Go to www.endabuse.org/health and download Making the Connection: Public Health and Domestic Violence for model presentations, programs and materials.)

NEW TOOLS TO HELP ASSIST VICTIMS OF ABUSE

Through the NSC, the Family Violence Prevention Fund and Leadership Team members created a wide array of tools (now available to the general public) to help advocate within health care communities for family violence assessment and intervention, and to enable providers and administrators to implement programs as efficiently and easily as possible. One leadership team member finds:

> **"I've been motivated by the information shared through the NSC. The Public Health Toolkit, the Consensus Guidelines, and the Business Case in particular have been essential in helping us understand how to get buy-in from the medical providers and administrators. The materials really help people understand that domestic violence is more than a bruise on the face."**

A TOOL KIT FOR PUBLIC HEALTH PROVIDERS

The NSC was implemented during a period when the public health system was inundated with demands to respond to bio-terrorism, and other chronic health issues including asthma and obesity. Some Leadership Team members felt that, if it didn't fit into homeland security – or other hot button public health concerns, family violence programs would be put on the back burner. Team members requested materials that would help public health leaders see family violence as central to their efforts to improve health outcomes. *Making the Connection: Public Health and Domestic Violence* was designed to engage public health leaders on the issue. The resource includes sections detailing the ways domestic violence affects public health domains such as family planning, sexually transmitted infections, perinatal care, women's health, injury prevention, substance abuse, and children's services. Each section offers the latest relevant research, recommended clinical and/or policy response strategies, and promising practices, resources and tools. Leadership Team members found that presentations from the tool kit convinced public health leaders that family violence is a priority. Team members from both Pennsylvania and Florida credit material from the tool kit as a catalyst for the significant changes in health policy mentioned above.

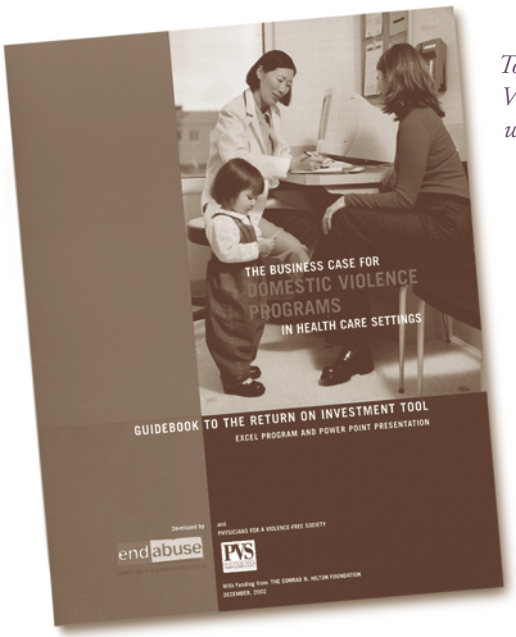
To download a copy of Making the Connection: Domestic Violence and Public Health, go to www.endabuse.org/health or call 1-888-RXAbuse to order a copy.

NEW TOOLS TO HELP ASSIST VICTIMS OF ABUSE

THE BUSINESS CASE FOR DOMESTIC VIOLENCE PROGRAMS IN HEALTH CARE SETTINGS

Another major tool the FVPF developed for the NSC is *The Business Case for Domestic Violence Programs in Health Care Settings*, a resource that demonstrates, through a Power Point presentation and Excel spread sheet, how health care facilities and systems can save money by implementing programs on domestic violence. An advocate explains:

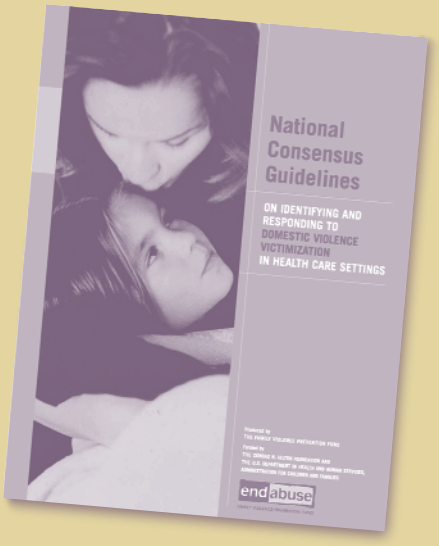
> **"We first used the Business Case as an opportunity to educate ourselves about how managed care and health care financing works. As we become more familiar with it, it will become an even greater asset in talking with large health care systems that are really businesses. The Business Case logic also has implications for other settings we're concerned with. For example, it can help us talk with corporations about the impacts of workplace violence and employee benefits. It definitely has helped us distill arguments for many settings.**
>
> **Providers need to buy into screening as a high standard of care, meeting medical and ethical standards of care. But they also need to know that failure to screen is a legal liability that can result in higher health care costs for those patients who return with recurring problems whose underlying cause is hidden."**



To download the Business Case for Domestic Violence Programs in Health Care Settings go to www.endabuse.org/health or call 1-888-RXAbuse.

NEW TOOLS TO HELP ASSIST VICTIMS OF ABUSE

NATIONAL CONSENSUS GUIDELINES ON IDENTIFYING AND RESPONDING TO DOMESTIC VIOLENCE VICTIMIZATION IN HEALTH CARE SETTINGS



One major challenge for any multi-state project is to develop tools that work for everyone. But once a tool is developed, it has been endorsed by a large and diverse group of stakeholders and can potentially have an impact for years or even decades to come.

Such was the case with the *National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings*. Even prior to the campaign, the FVPF recognized the critical need to develop guidelines that would ensure that health care systems around the country had access to consensus benchmarks and practices.

The Guidelines were developed in partnership with Leadership Team members and other experts, and completed in 2002. They are the reference point for the clinical practices the NSC supports. The guidelines are unique in that they recommend assessment for current and lifetime exposure to abuse and assessment of both females and males for victimization. They also outline continuous quality improvement goals that health systems can use to measure the success of their programs.

Carlene Pavlos, Massachusetts NSC member and Director of the Violence Prevention and Intervention Unit of the Massachusetts Department of Public Health was closely involved in developing the guidelines.

> **"We had long wanted guidelines in Massachusetts but there just wasn't the capacity on the Governor's Commission on Domestic Violence to work through the difficult questions and the process of building consensus. But the fact that the guidelines were developed nationally, with input from Massachusetts, led to the buy-in and trust that led to a favorable reception and endorsement at the Governor's Commission.**
>
> **Anticipating passage of the guidelines, we wrote a plan to develop protocols for screening and training thousands of employees working in a variety of state programs into our Department of Public Health's (DPH) Maternal and Child Health Block Grant. In essence, we were able to piggy back on the NSC work to build an infrastructure within the DPH to train workers on domestic violence and health."**

TOOLS TO HELP ASSIST VICTIMS OF ABUSE

NEW TRAINING VIDEOS

The **New Hampshire** Leadership Team knew they needed a tool to train providers when Leadership Team members were not available. They created an educational video on how to ask about family violence that included three scenarios set in three separate clinical settings. It showed health care providers utilizing various techniques to talk about abuse with diverse patients. The training video was adapted and utilized by other NSC Leadership Teams and there is ongoing interest in it across the country and around the world, with requests for copies already received from Europe and Africa.

Also as part of the NSC and the California Endowment-funded California Clinic Collaborative on Domestic Violence, the FVPF produced a 2003 Telly Award-winning video that helps advocates and providers train health professionals about family violence identification and intervention. *Screen to End Abuse* includes five clinical vignettes demonstrating techniques for screening and responding to domestic violence in primary care settings.

WHAT CAN YOU DO?

- **Present the sections of Making the Connection: Domestic Violence & Public Health to health department leaders, including division and branch leaders to secure a commitment to family violence prevention programs such as those listed above. (Download at www.endabuse.org/health)**
- **Use the Power Point presentation in The Business Case for Domestic Violence Programs to meet with your hospital or managed care CFO or CEO to advocate for a domestic violence program.**
- **Share the National Consensus Guidelines with medical or nursing associations and encourage them to disseminate it to their membership**
- **Share the National Consensus Guidelines with teaching institutions as the Iowa and Nevada Leadership Teams did to be used as a basis for curriculum development on family violence.**
- **Take the National Consensus Guidelines to your local hospital or clinic and use them as a basis for a new protocol on family violence identification and intervention.**
- **Contact the National Health Resource Center on Domestic Violence at 1-888-RX Abuse or go to www.endabuse.org/health to order these and other health care educational materials.**
- **Use the new training videos available to train health care providers (Contact the New Hampshire Coalition on Sexual and Domestic Violence (www.nhcadsv.org) or the FVPF www.endabuse.org/health.**

PROFESSIONAL EDUCATION OPPORTUNITIES FOR HEALTH CARE PROVIDERS

The NSC's primary focus was on creating institutional change. But in states where the link between domestic violence and poor health outcomes was a relatively new concept, training was key to creating a constituency of health care providers that could advocate for integrating policy changes as well. Once health systems and training institutions agreed to adopt family violence programs, training thousands of health care workers rapidly became the next order of business. Leadership team members find that:

> **"Training is a method to gain institutional support for standards by convincing the practitioners themselves and proving to them that they have a unique channel to helping victims of domestic violence.**
>
> **Training gets us in the door. Sometimes the training impacts a person who is in the right place and becomes receptive to being an ally within the system. In our experience, training builds and leads to bigger things over time."**

TAKING IT ON THE ROAD

In **Ohio**, the Ohio Domestic Violence Network (ODVN) received $25,000 from the state Attorney General's office to work on policies to assist health care providers. This money allowed ODVN staff to develop a statewide health care protocol, which was endorsed by multiple health care organizations, and collaborate on trainings for public health employees. Says Sandy Huntzinger, the ODVN Healthcare Project Coordinator, "We already had a supportive Attorney General, but being part of a national campaign definitely helped us get the grant."

In a whirlwind nine months, the ODVN staff trained 2,200 providers throughout the state and local domestic violence programs educated providers about their services. The team focused many trainings on rural areas, where there was a large turnout by healthcare providers, social service agencies and law enforcement. Trainings in rural areas included problem solving and brainstorming about local institutions that could help victims. Huntzinger says,

> **"What we did transformed people's mindset about domestic violence and why women stay. People not only received a wealth of new knowledge and resource ideas but gained a different perspective on the importance of listening to what the victim wants."**

By the time the team organized the September 2003 conference, "Assessment to Testimony: A Clinical Response to Domestic Violence," the response was so overwhelming that registration had to be cut off. The Ohio team already has pledges from enthusiastic hospitals and the Ohio Department of Health to fund the conference next year.

OHIO DOMESTIC VIOLENCE NETWORK

PROFESSIONAL EDUCATION OPPORTUNITIES FOR HEALTH CARE PROVIDERS

West Virginia has the second highest level of poverty in the country. Screening at public health clinics there is crucial because the clinic network is the largest health care provider in the state. As in Ohio, the **West Virginia** team took it on the road. They adapted the video produced by the New Hampshire Leadership Team to take to health care programs. They asked each program to identify someone to receive more in-depth training. Participants not only received nursing and social work continuing education credits, but they gained a new perspective on violence prevention: Two of the participants had this to say:

West Virginia Coalition AGAINST DOMESTIC VIOLENCE

> **"When I saw that video, a light bulb went off in my head. It finally dawned on me why so many men come into the examining room with their wives and girlfriends. And I thought I already knew about domestic violence."**

> **"We see many gay male patients at our clinics. Even after the training, I think many of us doubted that men could actually be abused. But not long after we started screening, a patient said, yes he did indeed need help. That one experience completely turned our staff's heads around."**

NEW APPROACHES TO LEARNING

In **Nevada**, the NSC team increased physician participation in training seminars by offering Continuing Medical Education (CME) credits for their education program and by making their training accessible to providers, even in rural areas. The Leadership Team created a distance based training program based on the Consensus Guidelines and other materials. In addition to the continuing education credits, they created another incentive to attend the training. **By arguing that it is unethical not to screen for domestic violence, they were able to offer family violence training as a way to fulfill the state's requirement that doctors have two hours of ethics training every two years.**

NNADV

Creative training tools and clear guidelines about how to respond to abuse significantly improves the comfort level of health care providers. As Dr. Kim Bullock, the Leadership Team chair from **Washington DC** found:

> **"Many doctors are nervous about screening unless they feel equipped. One physician we worked with said the consensus guidelines would be a problem and he was very vocal about it. He felt that these are very personal family issues and feared possibly being forced to testify. However, he did get the training and guidelines and told me a few months later that he had completely changed his perspective.**
>
> **It happened when he came face to face with his worst nightmare and found the guidelines worked beautifully. He had used the screen, and a patient identified herself as being abused. The doctor called in the domestic violence advocate, the woman ended up prosecuting her abuser and the doctor was subpoenaed. He had to go into court and was nervous but said,**

PROFESSIONAL EDUCATION OPPORTUNITIES FOR HEALTH CARE PROVIDERS

'I was able to feel for the victim. And I had good documentation and my chart spoke for itself. I would have never believed it a few months ago but the screening and guidelines worked.' Now this doctor is a change agent in his hospital.

In **California**, a state so large that it is difficult to convene people from around the state, the Leadership Team used audio and web based training technology to educate providers in the Family Pact program (discussed above). More than 500 Family Pact providers who participated received a one-hour live training and were encouraged to submit questions via the Internet. Participants reported being highly motivated, and their pre- and post- tests showed a strong increase in their understanding of family violence and how to identify and assist victims. By partnering with the state Department of Health, Leadership Team members were able to utilize existing technology to reach hundreds of providers at a very low cost.

TRAINING THE NEXT GENERATION OF PROVIDERS

Imagine the difference if health students were routinely educated about why and how to screen for domestic violence. Many Leadership Teams worked to integrate family violence into medical, nursing, public health and social work school curriculum in order to train the next generation of providers before they complete their studies. They discovered that students were open to this education and strongly committed to violence prevention. In **New Hampshire**, NSC team members trained third year medical students at Dartmouth Medical School, teaching lasting lessons about domestic violence that affected both the students and the physicians who worked with them during their rotations. In **Massachusetts**, Leadership Team members are surveying medical schools and, with help from a local university, studying how medical practitioners understand legal liability issues to develop strategies to overcome existing barriers. And in **Iowa**, the NSC team has added a testing module at the College of Medicine – the largest medical school in Iowa – that tests students' skills at taking patient history regarding exposure to abuse. The Dean of the College has been impressed by the impact of this training as students consistently demonstrate an ability to understand family violence and patient reactions to questions about abuse. In **Washington DC** the Leadership Team is encouraging all DC hospitals to adopt a brief screening tool for family violence. This tool is being used to train medical students at Georgetown to teach comprehensive history taking.

PROFESSIONAL EDUCATION OPPORTUNITIES FOR HEALTH CARE PROVIDERS

CASE STUDY – NEBRASKA LEADS THE WAY

The NSC affiliate in Nebraska, the Domestic Violence Coordinating Council and its Medical Committee decided it would be a significant breakthrough to train the next generation of medical leaders. Says Sue Michalski of the Council:

> **"Our goals were both to help Nebraskans and to develop a model replicable in medical schools across the nation. We turned over lots of stones, but after three years, we succeeded in instituting domestic violence curriculums at our two major medical schools."**

The program, launched at the University of Nebraska School of Medicine and soon to be instituted at the Creighton School of Medicine, builds student knowledge over three years. In their first year, students are exposed to a broad overview of domestic violence. By their third year, they have learned how to screen for domestic violence.

Fourth year students can take an elective that provides them with intensive experience in the field over the course of a month. Students spend a week doing intakes and helping victims of abuse apply for protective orders at the YWCA. They spend another week working at a shelter. Students also analyze a case study and, in their final week of the elective, serve as expert witness in a mock trial. Students interact with the Domestic Violence Council, attending their meetings, conducting research or working on other projects that give them an overview of the field and the people working in it.

Michalski credits several factors for their success. First, the Council laid groundwork five years ago when it began a train the trainers programs that built a network of allies. Secondly, chaired by Dr. Michael Levine, the Council's Medical Committee promoted the idea with some important champions. Dr. Joanne Schaefer, Deputy Chief Medical Officer of the Nebraska Health and Human Service Center, had tremendous interest in the issue and helped make key contacts as did Mary Ann Borgeson, Douglas County Commissioner. The Curriculum Coordinators in each school, who have the ear of the curriculum advisors, were also pivotal. Lastly, according to Michalski, it helped that, "Our Leadership Team was an incredibly collaborative group and we had the advantage of being associated with the FVPF, which certainly helped get buy in from institutional powers."

PROFESSIONAL EDUCATION OPPORTUNITIES FOR HEALTH CARE PROVIDERS

WHAT CAN YOU DO?

If you're a state or locality that is new to domestic violence screening, training is a great way to build interest and awareness.

- Meet with local faculty at medical or nursing schools to encourage integration of family violence into the curricula
- Create innovative student or residency programs where residents or students can volunteer at a local shelter or receive training to be on-call advocates for patients experiencing abuse.
- Partner with state medical and/or nursing associations to encourage them to adopt consensus guidelines and train members about family violence
- Use training videos mentioned above to conduct training in your local hospital or clinic
- Bring domestic violence experts and health care professionals together to train staff at local clinics or hospitals on how to identify and assist victims of abuse
- Borrow materials from the distance based learning tools mentioned above to conduct video-teleconference or web based training sessions for providers in your state or county

Contact the FVPF's National Resource Center on Domestic Violence for more educational materials for both providers and patients. www.endabuse.org/health. 1-888-RX Abuse.

GREATER AWARENESS OF DOMESTIC VIOLENCE

From the beginning of the campaign it was clear that, in addition to changing policy and public health practice in order to change behavior, we must challenge public acceptance of family violence. To that end, many NSC teams launched public education campaigns to convince health care providers, policy makers and the public to understand and help prevent prevention.

One of the most exciting public awareness campaigns was the film trailer developed by the NSC team in Wisconsin. Their goal was to create public support for health care involvement in violence prevention across the state. Using the theme, "This is not a movie, this is your life and your life begins with you," the trailers dramatically convey that domestic violence is as much about devastating verbal and psychological emotional abuse as it is about physical abuse.

GO TO A THEATRE IN WISCONSIN AND SEE "THIS IS NOT A MOVIE, THIS IS YOUR LIFE"

"This is Your Life" Movie Trailers – shown in 300 Wisconsin theatres over three months, reaching 3 million viewers."

"This is Your Life" trailers were a joint production of the production company, Knupp and Watson, and the Wisconsin Women's Health Foundation with funding from the Wisconsin Attorney General's Office and Verizon Wireless.

Voice Over:

In a country that values freedom so highly…
Thousands of women are prisoners in their own home.
Held captive where they live…
Where they learn.

It's out there.
Domestic abuse
If he hits you…
Pushes you, yells at you…
Isolates you from others or tries to control you.
It's abuse.
It's not you, it's him.
If you are being abused or know a woman who is…
Tell someone.
Everyone has the right to be free from domestic abuse.
This isn't a movie. This is life. And your life starts with you.

GREATER AWARENESS OF DOMESTIC VIOLENCE

A strong connection between a NSC member and a leader from the 300-screen Marcus Corporation allowed the trailer to be shown by the largest cinema chain in the state. Through four different vignettes, viewers experienced the stories of an older woman, a high school student, a woman in a farm setting and an African American woman in a rural setting. The trailer ends with an appeal to contact providers for help.

The trailers generated high levels of feedback to the Wisconsin Women's Health Foundation's website. Most was positive, such as *"I was a victim and I'm so glad you showed this."* There were also negative comments such as *"How dare you call men abusers!"* illustrating the need for further educational campaigns. *"This is Not a Movie"* has gone beyond the theatre setting and is being used in hospitals and clinics during staff trainings and is run on in-house hospital channels viewed by patients.

In a superb example of the power of collaboration like the NSC, other state Leadership Teams adapted the trailer and ran it in their states. The **Iowa** and **West Virginia** Leadership Teams took the same trailer and adapted it with their own taglines to run in theatres across their states. The Iowa State Department of Public Health joined with Verizon Wireless and the Iowa Coalition Against Domestic Violence to develop a two-minute video that was shown on 167 screens at 46 theaters throughout the state during the month of October, which is Domestic Violence Awareness Month.

TARGETING TEENS

In addition to the movie trailers, both the New Hampshire and Massachusetts teams developed statewide public education campaigns targeting teen dating violence prevention. Utilizing television, radio posters and websites these campaigns were among the first to target teens and educate them about dating violence.

For more information about the Massachusetts campaign, go to http://www.seeitandstopit.org/home.html. For additional information about the New Hampshire teen campaign, go to www.reachoutnh.com.

GREATER AWARENESS OF DOMESTIC VIOLENCE

HEALTH CARES ABOUT DOMESTIC VIOLENCE DAY

The most popular and easy way to expand awareness about domestic violence as a major public health concern was through Health Cares About Domestic Violence Day (HCADV).

HCADV Day is a nationally recognized awareness-raising day that takes place each year on the second Wednesday of October. Sponsored and organized by the Family Violence Prevention Fund, HCADV Day aims to educate members of the health care and domestic violence communities about how to identify and help those exposed to abuse. On the Day, health care providers and hospitals have launched new screening protocols, educated staff about domestic violence, set up information booths at health fairs and hospital lobbies, and publicized the passage of resolutions. The FVPF has promoted HCADV day since 1999 but through the NSC, HCADV Day became enormously popular and expanded to include many more statewide and national activities. Examples of the kinds of HCADV Day activities carried out by NSC teams include:

Iowa Leadership Team members participate in Health Cares About Domestic Violence Day.

• **West Virginia:** Governor Robert E. Wise, Jr. joined representatives from the West Virginia Hospital Association and the West Virginia Department of Public Health at an event at the State Capitol Building marking HCADV Day. Purple Ribbon Awards were presented to battered women's advocates for outstanding work to improve the health care response to domestic violence.

• **Massachusetts:** HCADV Day is now firmly incorporated into the Massachusetts domestic violence coalition's annual domestic violence awareness activities. That coalition, Jane Doe, Inc., distributed more than 500 informational packets to community health centers, hospital social work and emergency departments, college health centers and other agencies.

• **Wisconsin:** The Wisconsin Coalition along with the NSC Leadership Team worked to get opinion editorials in each of Wisconsin's six major city newspapers on October 9th. Each oped was authored by a different Leadership Team member.

• **Iowa:** More than 40 hospitals and clinics annually hold HCADV Day and other activities outside hospitals and other health agencies. Events include press conferences and speeches.

GREATER AWARENESS OF DOMESTIC VIOLENCE

• **Missouri:** The Missouri leadership team sponsors multiple HCADV activities including on-line Continuing Medical Education trainings on domestic violence, brown bag informational lunches and grand rounds in health care facilities and at medical schools in the state.

• The General Assembly of **Pennsylvania**, the **California** Assembly, **Florida** Governor Jeb Bush, **Alabama** Governor Don Siegelman, and others have issued proclamations in support of Health Cares About Domestic Violence Day. The American Medical Association and American Medical Student Association have also issued supportive materials.

Coalitions and institutions include the HCADV Day in their calendars of annual activities and more than 3,000 Organizing Packets are distributed annually, in addition to all those that are downloaded from the Internet. The ripple affects of HCADV Day activities are far reaching. As Carlene Pavlos from the Massachusetts team describes:

> **"Our Commissioner of Public Health attended one of the community activities for HCADV Day. He had always been supportive but his interest increased when he heard a survivor speak. I suppose hearing her moved him beyond believing screening is good medical practice to a sense of urgency and commitment to the people who live daily with violence. The Commissioner is now at the Harvard School of Public Health and goes out of his way to call me to ask how they can help. He sends me interns and is conscious of how he is training the next generation of public health leaders. He is an example of a key leader 'getting it' and moving the work forward."**

WHAT CAN YOU DO?

- **Organize HCADV Day activities in your city, town or state. Organizing Packets are available through the National Health Resource Center on Domestic Violence, housed at the Family Violence Prevention Fund – 1-888 RX Abuse or via the Internet as: www.endabuse.org/health**
- **Adapt the Wisconsin Coalition Against Domestic Violence movie trailer and contact your local movie houses to ask them to run it. For more information, contact the Health Care Project Coordinator at the Wisconsin Coalition Against Domestic Violence, 608 255 0539 or health@wcadv.org.**

  To view a video stream of the movie trailer, go to the Wisconsin Women's Health Foundation website at www.wwhf.org/outreach/awareness.html#Anchor-Domestic-47857.
- **Adapt the teen dating violence prevention materials developed in Massachusetts and New Hampshire to target teens in your state. (See contacts above).**

STATE AND AGENCY POLICY REFORM

The NSC team participated in significant state legislative policy changes, facilitating screening and appropriate interventions. The State Leadership Teams that pursued policy reform met with success because of their strong statewide advocacy networks and their previous work in the legislative arena. As Nancy Durborow from **Pennsylvania** says:

> **"Our domestic violence coalition was founded in 1976 and working with and educating legislators about domestic violence has always been part of how we do our work. Combining advocacy with public policy and legislative change has far-reaching impact. You need to be there to both promote and ensure appropriate legislation that helps and effects victims of domestic violence."**

MANDATORY REPORTING BY MEDICAL PERSONNEL

Since 1994, Pennsylvania domestic violence advocates have worked hard to change their state's hospital reporting law that was being interpreted as mandatory reporting for domestic violence and placing victims at greater risk from their batterers. During the NSC Rep. Eleanor Z. Taylor, introduced a bill creating a reporting exception for victims of domestic violence with minor bodily injuries that won support from all the key players in the state: including the Office of the Governor, the Pennsylvania State Police, the PA Coalition Against Rape and the Office of the Victim Advocate as well as others.

DOMESTIC VIOLENCE ADVOCATES PROVIDING SERVICES IN HEALTH CARE SETTINGS

Another major advance took place in Pennsylvania during the NSC with the provision of additional funding for the Domestic Violence Healthcare Response Act (Act 115) passed in 1998. One million in additional funding expanded PCADV's Medical Advocacy Initiative which provides for partnerships between local domestic violence programs and health care systems that place a domestic violence advocate on site from 5 original settings to 85 health care settings. Pennsylvania is the first state to fund and implement such an initiative. A study is currently being conducted on one of the partnerships *(see Research and Data Collection section)* to determine health care savings that can potentially be realized by providing on-site domestic violence services. The Pennsylvania NSC Co-chairs believe that

> **"Domestic violence victims are safer because of this work. We are now reaching victims we would not have reached. Many women - perhaps 80% of the women we see in the health care setting have not previously contacted a domestic violence program. Early intervention was an expectation and we believe this is occurring."**

HELP FOR VICTIMS OF DOMESTIC VIOLENCE THROUGH VICTIMS OF CRIME SERVICES

In **California**, NSC advocates decided to focus on the Victim Compensation and Government Claims Board. The Claims board is responsible for compensating victims of crime for medical, mental health and other costs related to that crime but the public's impression was that victims had a difficult time receiving assistance and that dynamic was even worse for survivors of domestic violence. The agency itself wanted to improve its claims process and the time seemed right for the California NSC to prioritize changing these policies.

Due to the NSC team's efforts, the California legislature passed legislation that allows survivors to access funds, regardless of if they report their abuse to law enforcement. The law also allows health care institutions to file the application for benefits on behalf of a survivor, an aspect of the law that will especially improve children's and adult's access to psychological services by streamlining the application for compensation for the victim. Leadership team members and the claims board are educating health care providers about the opportunities for victims to obtain these funds. NSC members credit the fact that California Elected Women's Association for Education and Resource (CEWEAR) served as a venue to acquaint California State legislators with the issue. As a result of working with CEWEAR, legislators sent representatives on a regular basis to NSC meetings where the strategy to change these policies was created. California Leadership Team chair, Dr. Connie Mitchell says:

> **"We focused on building a network that could make legislative changes and we identified spheres of influence. There are plenty of experts about domestic violence and health care, but we knew we had to make policy changes and we needed allies who were strategically placed. Those allies saw our NSC committee and that it was large, multidisciplinary and diverse – in other words, they believed what we were proposing was credible and they were willing to work with us to develop viable legislation."**

CONTINUING EDUCATION

Sometimes it's not enough to pass legislation. Advocates sometimes find themselves in the position of evaluating what was passed so they can decide whether to defend it in the courts or before the legislature. In the 1990's, **Florida** advocates had convinced the state legislature to pass a law, FS §455.597, which mandates one-hour of domestic violence education as part of re-licensure or re-certification for health care providers. Some medical practitioners challenged the law as ineffective and pressured the legislature to change it. The Florida Leadership Team was able to defend 455.597 by commissioning an evaluation which, in the end, led to the law's preservation with a few simple adjustments.

In addition, the **Florida** Leadership Team was able to close an important loophole that was allowing insurance companies to discriminate against victims of abuse.

FEDERAL LEGISLATION

In addition to the state efforts, the Family Violence Prevention Fund introduced federal legislation that would significantly enhance research and education around family violence and promote model programs styled after the National Health Care Standards Campaign. Introduced by Congresswoman Lois Capps in 2003, the FVPF is currently working to reintroduce the bill for the 2004 legislative session. If passed, it would be the first significant piece of legislation to designate resources to improve the health care response to family violence and would

- **Establish new research centers on family violence**
- **Train more health care providers on abuse**
- **Fund demonstration projects at the state and local level**

(For more information about current federal legislation on health care and domestic violence, go to www.endabuse.org/health.)

EXERTING POWER TO CHANGE HOSPITAL STANDARDS

In one case, a Leadership Team member – tapping into the collective power and energy of the NSC - prompted a policy change in a key health care accrediting agency. The impact is likely to be as far reaching as any federal legislation.

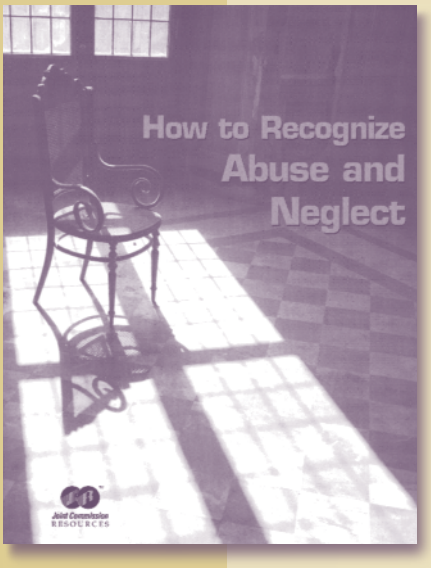
Many professional health care providers' practices are influenced by the standards set by the Joint Commission on the Accreditation of Health Care Organizations (JCAHO). JCAHO evaluates and accredits most hospitals and health care programs in the U.S. and is recognized as the accrediting body in U.S. health care. In short, JCAHO mandates have a profound influence on patient care throughout the country.

An alert NSC member, Lynda Dautenhahn, Coordinator of Illinois Leadership Team, realized that the JCAHO standards on abuse needed revision to reflect current research and changes in practice. Moreover, enforcement of the standards was sporadic at best. What happened next illustrates the power of a national network. Debbie Lee of the FVPF says:

> **"When we launched the NSC, we didn't set our sights on changing JCAHO standards. But Lynda got the idea, had all of us to vet it with, and the network responded. We advocated for and secured a meeting with JCAHO where our presentation, backed by the survey we carried out with experts in the field, has led to revised hospital standards, affecting every hospital in the country. The JCAHO experience showed the power of a group of us coming together to make change, the importance of policy and advocacy work, and elevated the team members as recognized leaders."**

WHAT CAN YOU DO?

- **Review model laws (available on the FVPF's website www.endabuse.org/health) and bring advocates and providers in your state together to discuss whether it is possible to pass similar state legislation. The model laws provide language that addresses insurance discrimination, mandatory reporting issues, and promotion of training and screening in health care settings . They also include legislation that would establish hospital-based advocates, as Pennsylvania has done.**
- **Advocate for federal legislation that would strengthen the health care response to family violence and provide funds for a program like the NSC in every state. Go to www/endabuse.org/health for an update on federal health initiatives.**
- **Work with your local hospital to ensure that they are in compliance with the JCAHO's recommendations on family violence – if not, offer educational materials, training and assistance or refer them to the FVPF's website for help.**



As a result of one NSC member having a powerful network to mobilize, JCAHO was able to respond to a series of comments from the field. While JCAHO leaders did not endorse routine screening for abuse, they did remove language from the old standard that said hospitals must focus on "observable evidence and not on allegation alone" and make sure not to "create false memories of abuse." Now, JCAHO will be evaluating hospitals to see if they:

- **Identify victims of domestic violence, sexual assault, child and elder abuse**
- **Educate staff on how to do so**
- **Refer victims to appropriate services and have a list of these community based service agencies available**
- **Document abuse and report it to the appropriate authorities when required by state law**

Importantly, the standards refer hospitals to the Family Violence Prevention Fund's website for help. As a result of these changes, the FVPF receives numerous requests **each week** from hospital personnel looking for information on how to better identify and assist victims of abuse.

RESEARCH AND DATA COLLECTION TO ADVANCE PRACTICE AND POLICY

Advocates have long realized that criminal data does not provide the information needed to fully address domestic violence. Specifically, research is sorely needed to measure the link between domestic violence and long-term health outcomes, and the potential that domestic violence programs have to improve health outcomes and save money. The findings can then be used to formulate policy, urge medical systems to adopt family violence policies, and educate the general public.

DOCUMENTING THE RETURN ON INVESTMENT OF DOMESTIC VIOLENCE SCREENING AND INTERVENTION

When promoting any changes in public health system, policy reform or training for health care providers, a significant measure is outcomes and costs. Will these programs help victims of abuse and will they save health care costs?

Pennsylvania Leadership Team members believe they have been able to collect some of this data Betsy Burke, one of Pennsylvania's NSC co-chairs and the Mercy Medical Advocacy Project conducted a Healthcare Costs Survey. There were 409 patients whose health care costs were evaluated for two years: pre and post domestic violence intervention.

> **"It was hypothesized that those patients who received a significant intervention would have health care costs savings of 20%."**

The data is currently being analyzed at the University of Mississippi. Betsy Burke of the Pennsylvania Team says: "The NSC connection made it directly possible to partner with the University of Mississippi for a sophisticated analysis of the data."

LEARNING FROM SURVIVORS

Both the **Nevada** and **Florida** leadership teams surveyed survivors of abuse to ask what role they think the health care provider should play in family violence prevention. In **Nevada**, survivors said they should screen in the health care setting because they trust their health care providers and especially their children's providers. However, they fear referrals to Child Protective Services. Survivors also felt that posters or other materials about family violence in doctors' offices help prepare patient for a discussion of abuse. These women also said that most providers are not asking about abuse, even when the injury is clearly related to domestic violence. For example, one woman lost her teeth and the dentist did not ask why. Women felt that there is high level of denial or discomfort about prying into personal situations and that providers needed to be trained on how to raise the issue.

In **Florida**, the Leadership Team conducted focus groups with survivors of abuse to evaluate the impact of mandated domestic violence education and to hear from survivors about their experiences with the health care system. Focus group participants overwhelmingly supported mandated education for providers on domestic violence but had more mixed reactions to how they would respond to being assessed for abuse – with some strongly in favor of screening and

others distrustful that providers would know how to respond appropriately. (Like the women in Nevada, they also expressed deep concern about the threat of being reported to Child Protective Services). The vast majority of survivors had not been asked about abuse – even if they came in with obvious injuries but some Florida women had been asked and had positive experiences that demonstrate the health setting can be a place for lifesaving interventions. As this survivor explained:

> **"I had a pretty bad cut on my eye and had to go to the emergency room. I told them I slipped and fell, but they didn't believe me. They asked and asked until I finally gave in and told them my husband did this. They were the ones who talked me into going into shelter."**

MEASURING THE HOMICIDE RATE OF PREGNANT WOMEN

Another research and data collection trend was to investigate the link between pregnancy status and homicide through domestic violence. Recent research in Maryland indicates that homicide is the leading cause of death among pregnant women. Concerned about the Maryland results, the **California** Leadership Team made a recommendation, which was accepted, to revise the California death certificate so that it now includes a box that captures pregnancy status. The state Department of Health Services is responsible for analyzing the data. NSC members anticipate that the analysis will show that homicide through domestic violence is a key cause of perinatal mortality.

Massachusetts team members also conducted a maternal mortality and morbidity review and found that homicide was the leading cause of maternal injury related deaths. Two thirds of homicide deaths were known or alleged cases of domestic violence.
(A copy of this report can be downloaded from the Internet at www.state.ma.us/dph/).

ADDING FAMILY VIOLENCE MODULE TO STATEWIDE SURVEYS

Data collection and analysis can easily be incorporated into existing systems – a practice demonstrated by **Iowa**. In that state, Department of Public Health leaders decided to collect information about family violence by adding three questions about abuse to their behavioral risk factor surveillance system (BRFSS). The BRFSS is the annual

survey on behavioral health that every state conducts for the Centers for Disease Control and Prevention (CDC). By paying $1,500 per question, Iowa Department of Health now has information on the incidence and prevalence of abuse among those surveyed. Many NSC participants now believe that advocacy is needed on the federal level to persuade the CDC that it should require states to collect such data.

WHAT CAN YOU DO?

- **Use the health care costs study cited above to support requests to place domestic violence experts in every hospital in your state**
- **Survey survivors of domestic violence in programs about their attitudes about health care interventions to inform your efforts.**
- **Work with your department of health to collect crucial information about the incidence of abuse in your state by adding family violence question to your state's BRFSS survey.**
- **Integrate or evaluate questions about family violence on the Pregnancy Risk Assessment Monitoring System (PRAMS) or other client surveys and needs assessments.**
- **Advocate in your state for change in the death certificate information and conduct an analysis to measure the homicide rate of pregnant women.**
- **Conduct chart audits at local hospitals for incidence of family violence or to measure screening practices of providers.**

SUSTAINABILITY, CREDIBILITY AND NEW RESOURCES

Meeting a central goal of the NSC, many states were able to integrate family violence into existing programs so that abuse would be addressed even after the campaign was completed. For example, Iowa, Massachusetts, Missouri, Nevada, Washington DC and Wisconsin, used the infrastructure and tools provided by the NSC to write goals and performance measures on domestic violence for their state department of health grants from the CDC. Other states were able to leverage the NSC project to raise money within their states for additional projects.

One interesting approach was used in **Illinois** – the only state with a Violence Prevention Authority. The Authority was legislated in 1995 and is co-chaired by the State Attorney General and the head of the State Department of Public Health. In Fiscal Year 2003, Authority leaders allocated $225,000 for an Illinois Health Cares grant program, a project co-sponsored by the state health department and the violence prevention authority and modeled after the NSC. The initiative is designed to promote improved prevention and response efforts to violence through systems change. Says Lynda Dautenhahn, from Illinois:

> **"Our focus is to give grants for health systems reform that includes domestic violence, sexual violence, and elder abuse. Our eligible agencies are domestic violence or public health programs that are required to be primary partners and work in coalition with other kinds of health care providers and policy makers. One key requirement is that localities participate in train the trainer programs. We want providers to invest themselves in educating their peers. Overall, we think our approach helps local groups develop relationships and bring people to the table who, once they get it, can really make things move forward."**

The **West Virginia** Leadership Team raised money to address the issue of family violence in a couple of new arenas. They received $30,000 from the Governor-appointed Fatality Review Team to look at autopsy reports to help identify system weaknesses and use the information to educate the public about how better to respond to family violence. They also received a one year grant of $40,000 to create inroads into the public health system, including the improving mental health response to family violence.

The **Nevada** Leadership Team also received an important grant from the CDC to conduct domestic violence training for public health nurses serving patients in rural areas of the state. Members of the **Iowa** team are now collaborating on a two-year 2003-2004 project with the Attorney General's office to address domestic violence and child abuse, and aid child witnesses of domestic violence in rural areas. Binnie LeHew, Violence Prevention Coordinator, considers this a natural extension of the work of the NSC.

In **Missouri**, the Metropolitan Family Violence Coalition which NSC leadership Team Member Julie Beck was a part of, was awarded a grant from the Robert Wood Johnson Foundation. Ms. Beck and her program at Rose Brooks Center were a core part of the grant and provide training and consultation to area shelters and hospitals. Ms. Beck says the NSC helped build

SUSTAINABILITY, CREDIBILITY AND NEW RESOURCES

the credibility of the program, opening doors and increasing the receptivity of shelters and hospitals to family violence initiatives in health care. She says:

> **"The RWJ grant is a huge accomplishment—we are excited about that. This grant represents the first time we've attracted national funding though we have tried for those grants for a long time. This has also been an incredible opportunity to share the information I've learned at the NSC meetings with newly formed programs. It's a true collaboration."**

The **New Hampshire** leadership team has pursued involvement with Anthem (Blue Cross of New Hampshire). After training their nurse case managers, team members thought the program would end. It was a pleasant surprise when Dr. John Robinson, the Medical Director for Anthem, came to them indicating that he believed domestic violence was a large problem for the patient populations, and he has sought out the Coalition/Leadership Team to develop a joint project to address abuse. Now, they have been meeting for several months with Anthem New Hampshire and the collaboration has been extended throughout New England. Jennifer Pierce-Weeks of New Hampshire explains:

> **"We have formed the 'New England Blues Team,' a collaboration between Anthem or Blue Cross in each state, plus each state domestic violence coalition in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, and upstate New York."**

The New England Blues meet regularly by conference call and plans to distribute information on family violence prevention to all the providers and patients in the "Anthem/Blues" plans. There will also be a workplace initiative for employees of the insurers.

NEW HAMPSHIRE COALITION AGAINST DOMESTIC AND SEXUAL VIOLENCE

SUSTAINABILITY, CREDIBILITY AND NEW RESOURCES

BUILDING CREDIBILITY

Overall, with new programs in place and family violence prevention embedded in existing programs, Leadership Team members have gained the credibility they deserve for their hard work in this field. As Susan Ramspacher and Mary Lauby of the Wisconsin Coalition Against Domestic Violence said:

> **"We learned a lot about health and medical systems and gained a richer understanding of their culture, systems, and structure. We built our own capacity to work with broader range of health and medical professionals and this continues to expand our influence. Our stock has increased with many different people and we are still seeing results of that. If we call on anyone who has been part of the NSC, they are responsive. The effect of this new awareness and presence trickles down and folks are constantly aware of domestic violence in ways they weren't before."**

WHAT CAN YOU DO?

Even without a national or state wide program on the scale of the NSC, any concerned advocate or provider can take the principle of health care and domestic violence providers coming together as a staring point. For example:

- **Bring together health department and domestic violence coalition staff and brainstorm ideas for reform. (For a sample presentation to make to public health leaders go to www.endabuse.org/health and download Making the Connection: Family Violence and Public Health).**
- **Forge a link between your local clinic, hospital or managed care system and your local domestic violence agency to create a smother system of referrals and training (See www.endabuse.org/health for sample protocols on family violence or download the Business Case for Domestic Violence Programs in Health Settings for a sample presentation to make to health care decision makers).**
- **Meet with health professional schools to encourage them to integrate family violence into their curricula (for educational materials go to www.endabuse.org/health).**
- **On a statewide level, organize a meeting between professional health associations, department of health leadership, policy makers and advocates for victims of domestic violence. Find out who the champions might be in your area and propose a joint initiative. Even if you only have two to three people, develop an action plan (contact lisa@endabuse.org FVPF for sample action plans).**

LESSONS LEARNED FROM THE NATIONAL STANDARDS CAMPAIGN

What are some of the elements that make a statewide or local initiative successful? The following are lessons NSC team members and the FVPF learned that were critical to the success of the program.

CONVENE THE RIGHT TEAM – INCLUDING KEY STAKEHOLDERS

No one person or specialty can do this work alone. It was important to convene multidisciplinary team members and influential stakeholders from both the health care and domestic violence prevention arenas. Bringing these two communities together is absolutely critical to the success of this campaign and others like it.

Most teams consisted of public health professionals, advocates for domestic violence victims, representatives from professional health associations, health policy makers and other interested clinician or professionals. Some teams brought in other sectors, such as the criminal justice arena and others included elected officials or state commissions.

Actively encourage your leadership team to be as diverse as possible, beyond symbolic participation to ensure that the programs you create are relevant and accessible to the diverse patient population in your state or locality.

If possible, include those who have successfully incorporated family violence intervention into their health care programs. Either invite them to be on your team or invite them to present to your team about their program. These leaders give hope that our goals are attainable, even if you are starting from scratch.

PRIORITY SETTING

Start with strategies that are achievable and relevant to the members of your team. Each state and local initiatives will have different political, demographic and historical contexts in which they work. Your team members can identify goals that are most appropriate to pursue given those contexts. For example in the NSC:

- *Some states wanted to focus on education to create a climate of acceptance for the work prior to any administrative or legislative policies were pursued.*
- *Others who had access to high-level decision-makers achieved change by going directly to the directors of major programs and requesting that family violence prevention be addressed.*
- *For many in the NSC, participation in Health Cares About Domestic Violence Day offered a way to set realistic goals - starting small and building upon the teams' capacity with the enthusiasm from the success. It was possible for all states to organize public outreach education about health care and domestic violence on this day and doing so laid the foundation for longer-term sustainable policy changes.*

LESSONS LEARNED FROM THE NATIONAL STANDARDS CAMPAIGN

INVEST IN LEADERSHIP

Where there is limited funding, invest it in leadership and staffing. The key to success of the NSC was the people behind the products and programs, who built leadership and forged new relationships with those outside of their usual area of expertise who are also dedicated to ending family violence.

Funding, even if it is very small amounts, was key in order to be able to convene people and ensure follow up to each meeting. NSC members across the board found that this was the key ingredient to bring people to the table and allowed them to participate and accomplish their goals.

RESPECT DIFFERENT PERSPECTIVES

Health care professionals and advocates for battered women each bring certain strengths to the table and expertise. Both must take learn a lot in order to understand each other's work. Any sector learning a whole new system will experience this. It is important to take time to under each other's perspectives and values.

COALITION BUILDING

A key feature of this initiative was the coalitions between state leadership teams with each other and with the FVPF. The peer to peer learning through team members maximized the sharing of ideas and resources. For the FVPF and the participating state teams, referencing the national initiative helped provide leverage and national attention to the issue. The FVPF is committed to pursuing funding to continue this type of coalition building. In your state or locality whenever possible, identify and articulate these coalitions to lend more prestige and credibility your efforts.

> **"Our influence has increased and we are still seeing the results of that. The effect of this new awareness and presence results in to folks constantly raising the issue of domestic violence prevention in ways they weren't before."**

LINK DOMESTIC VIOLENCE TO OTHER ISSUES THAT THE HEALTH CARE COMMUNITY IS WORKING TO ADDRESS

Domestic violence has such far-reaching health care impacts. It is important to help others see the connection between abuse and other critical health care concerns such as diabetes, obesity, and sexually transmitted infections. Bring in experts in those arenas and work to integrate family violence identification and prevention into their efforts.

The members of the National Health Care Standards Campaign demonstrate that with a little funding and an enormous amount of commitment, coalition building and collaboration it is truly possible to engage the health system in identifying and assisting victims of violence. This report only highlights a portion of the efforts from each state – with many more accomplishments not included in the report. Please go to www.endabuse.org/health for more information and resources about the campaign. The FVPF staff is grateful for their friends and colleagues with whom they worked with and learned from during this exciting project and deeply appreciative of the Conrad Hilton foundation for having the vision and dedication to fund the National Health Initiative on Domestic Violence for over a decade.

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