BATTERED WOMEN'S JUSTICE PROJECT

Thank you for joining us today!

Intimate Partner Violence (IPV) and the Veterans Health Administration (VHA)

July 28, 2016
2:00-3:30pm CDT

Presenters: Kimberly Coleman Prier, LCSW is the Acting National IPV Assistance Program Manager for the Veterans Health Administration (VHA) and **Elizabeth Brett, LCSW,** serves as the Intimate Partner Violence Coordinator at the Cincinnati VAMC (CVAMC).

This project was supported by Grant No. 2015-TA-AX-K058 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this document are those of the authors and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

Veterans Health Administration's Intimate Partner Violence Assistance Program

Kimberly Coleman Prier, LCSW

Acting IPV Assistance Manager

Care Management and Social Work Services

VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

Objectives

- Outline Veteran's Health initiative for Intimate Partner Violence
- Current state of implementation
- Strength at Home nationally

IPV Task Force and Plan for Implementation

- In May 2012, VA chartered the DV/IPV Task Force to develop a national program.
- The VHA *Plan for Implementation of the DV/IPV Assistance Program* was finalized December 2013 and includes 14 recommendations.
- Implementation of the plan across the VHA will expand screening, prevention and intervention to Veterans and will strengthen partnerships with community providers/resources.
- Focus is on developing a culture of safety and adopting a holistic, trauma-informed, Veteran-centered psychosocial rehabilitation framework to inform all facets of the National IPV assistance program.

Key Actions for Implementation

- Assign Points of Contact (POCs) at Veteran Integrated Service Network (VISN) level.
- Assign local Domestic Violence Coordinators (DVCs) for each Veterans Affairs Medical Center (VAMC).
- Develop a National Awareness/Education Campaign and Communication Plan.
- Develop and deliver training on risk identification and intervention across the VA (including Employee Assistance Program/Employee Health Staff).
- Implement safety assessment/planning and referral process for Veterans who screen positive for experiencing IPV.

Key Actions for Implementation (continued)

- Establish network of national and local community partnerships.
- Partner with a hotline for crisis and prevention calls.
- Implement Veteran-centered services for Veterans who experience IPV.
- Integrate IPV Assistance Program into Workplace Violence Prevention Programs.
- Implement pilot screening and treatment programs for Veterans who use violence.

Current State of the IPV Assistance Program

- National IPV Program Manager appointed
- Established DV/IPV Steering Committee and Workgroups
- Identifying Facility Domestic Violence Coordinators and IPV Points of Contact in numerous facilities- new DVCs are appointed regularly
- Developing and implementing use of a screening tool in program pilot
- Establishing community partnerships with DV experts/agencies

SAFER – Screening Protocol

- **S**creen with E-HITS
- **A**cknowledge and validate
- **F**ocus on safety using danger assessment items
- **E**ducate
- **R**eferral and documentation options

SAFER Protocol developed by VHA IPV Assistance Program Pilot Project Team

E-HITS Screening Tool

- The DV/IPV Assistance Program recommends use of the E-HITS Screening tool to assess for the presence of DV/IPV. The Tool consists of 5 questions:
  - **H:** Has your partner ever physically hurt you in the past 12 months?
  - **I:** Has your partner ever insulted you in the past 12 months?
  - **T:** Has your partner ever threatened to harm you in the past 12 months?
  - **S:** Has your partner ever screamed or cursed at you in the past 12 months?
  - **Extended:** Has your partner ever forced you to have sexual activity in the past 12 months?
- The Veteran is asked to respond to each of the above questions with one of the following:
  - 1. Never
  - 2. Rarely
  - 3. Sometimes
  - 4. Often
  - 5. Frequently

Danger Assessment

- Follow up safety assessment to positive E-HITS
  - Has the violence increased in frequency/severity in the past 6 months?
  - Has s/he ever choked you?
  - Do you believe s/he may kill you?
- Yes to any of the questions is a positive score for increased risk

Adapted from Campbell, J. (2004) Danger Assessment, Johns Hopkins University

DVC Roles & Responsibilities

- Coordinate IPV training for Medical Center staff
- Provide information and assistance to Veterans and their families
- Coordinate assessment, safety planning and intervention/treatment for Veterans who screen positive for experience/use of IPV and who accept referral to the DVC
- As appropriate, coordinate referrals for non-Veteran partners of Veterans
- Monitor screening, referral and treatment data
- Develop relationships with community providers
- Maintain and disseminate current list of community resources
- Meet National Program reporting requirements

IPV Assistance Program Implementation

Launched in January 2014 to address Task Force Key Recommendations

6 Pilot Sites

Baltimore, MD	Cincinnati, OH	Kansas City, MO
Philadelphia, PA	Portland, OR	Salem, VA

Phase 1-Concluded

- Hire Program Manager
- Identify DVCs
- Staff Training
- Community of Practice
- Screening and Services

Phase 2-In Process

- 60 sites with DVCs
- Staff Training
- Promising Practices
- Strength at Home 11 sites; 4 operational
- Point in Time Evaluation
- Awareness Campaigns

Phase 3-Future

- Contingent upon funding
- Dedicated DVCs enterprise wide
- Consistent screening and safety planning
- Repeat Point in Time Evaluation for comparison

Focus: Veterans who ***experience*** IPV & employees ***impacted*** by IPV.
Expansion: Include Veterans who ***use*** IPV.

Veterans Health Administration's Strength at Home

Elizabeth Brett, LCSW

Veterans Justice Outreach Specialist & Intimate Partner Violence Coordinator

Cincinnati VAMC

VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

Who is Strength at Home intended for?

- Male Veterans
- VA Health Care eligible
- Not substance dependent
- Being aggressive towards intimate partner (doesn't include other family member or friends)
- Includes Veterans from any era

What are the benefits of SAH?

- Understanding abuse behavior
- Taking responsibility
- Understanding and exploring core themes
- Learning de-escalation
- Managing stress more effectively
- Assertive communication
- Emotional expression

Other Key Points of SAH

- Effective in ending physical and psychological abuse
- 24 group hours and a 2 hour intake session
- Closed cohort model with 5-8 Veterans
- Partner contact
- Court ordered participants

SAH Referrals within the VAMC

- Referrals from within VA Medical Centers
  - PTSD
  - Mental Health
  - Substance abuse programs (in/out patient)
  - Homeless programs
  - Veterans Justice Outreach
  - Emergency Room/Psychiatric Emergency Center
  - Vet Centers

SAH Referrals from Community & Justice Partners

- Jails
- Probation and Parole
- Veterans Treatment Court
- Pretrial Services
- Family Services
- Domestic Violence Programs
- Community Veterans groups
- Family Court

SAH Intake Process

- Veterans assessments
- Partner assessments
- Clinicians assessments

Veteran Assessment Overview

- Initial Assessment
  - Clinical/motivational interview
  - Consent partner contact/ROI
  - Self-report of symptoms:
    1. PTSD (PCL-5)
    2. Alcohol Misuse (AUDIT)
    3. Use and Experience DV (IPSVS)

    Motivational Interviewing + Feedback

Self-Report Measures: AUDIT

- 10 item self report of alcohol misuse
- To score: sum the item responses
- Score of 8 or more = hazardous drinking, need consult for substance treatment

Self-Report Measures: IPSVS

- 30 items measuring use and experience IPV – past 3 months and lifetime
- To score: add up number of items in each subscale that are "yes"
- Any yes is a positive screen
  - Sample Question:

    I acted very angry towards my partner in a way that seemed dangerous. (Y/N in the last 3 months or Y/N prior to last 3 months) Also, asks veteran's experience of this behavior.

Self-Report Measures: PCL-5

- 20 items measuring past month PTSD symptoms
- Tied to “worst event” or event that bothers the most
- To score: add up sum of responses
- Score of 31 or more – need consult for PTSD

SAH Partner Calls

- Partner Assessment Overview:
  - As part of Veteran intake obtain signed ROI and consent for partner contact
  - Conduct partner call
  - Complete collateral contact note in CPRS documenting the call
  - Follow-up with partner at end of group

SAH Partner Calls

- Clinician tasks:
  - Obtain collateral information about recent IPV
  - Offer the partner IPV resources and support
  - Act as a resource for safety planning
  - Empathic and supportive tone
  - Following same procedures complete follow-up call at post-treatment

SAH Partner Calls

- Post Treatment
  - After last session re-administer PCL, AUDIT, IPSVS and end of treatment satisfaction measure to Veterans
  - Complete post-treatment partner call and include IPSVS

Weekly Clinician Measures

- SAH Fidelity Monitoring
  - One form completed after each session
  - Checklist of session specific elements

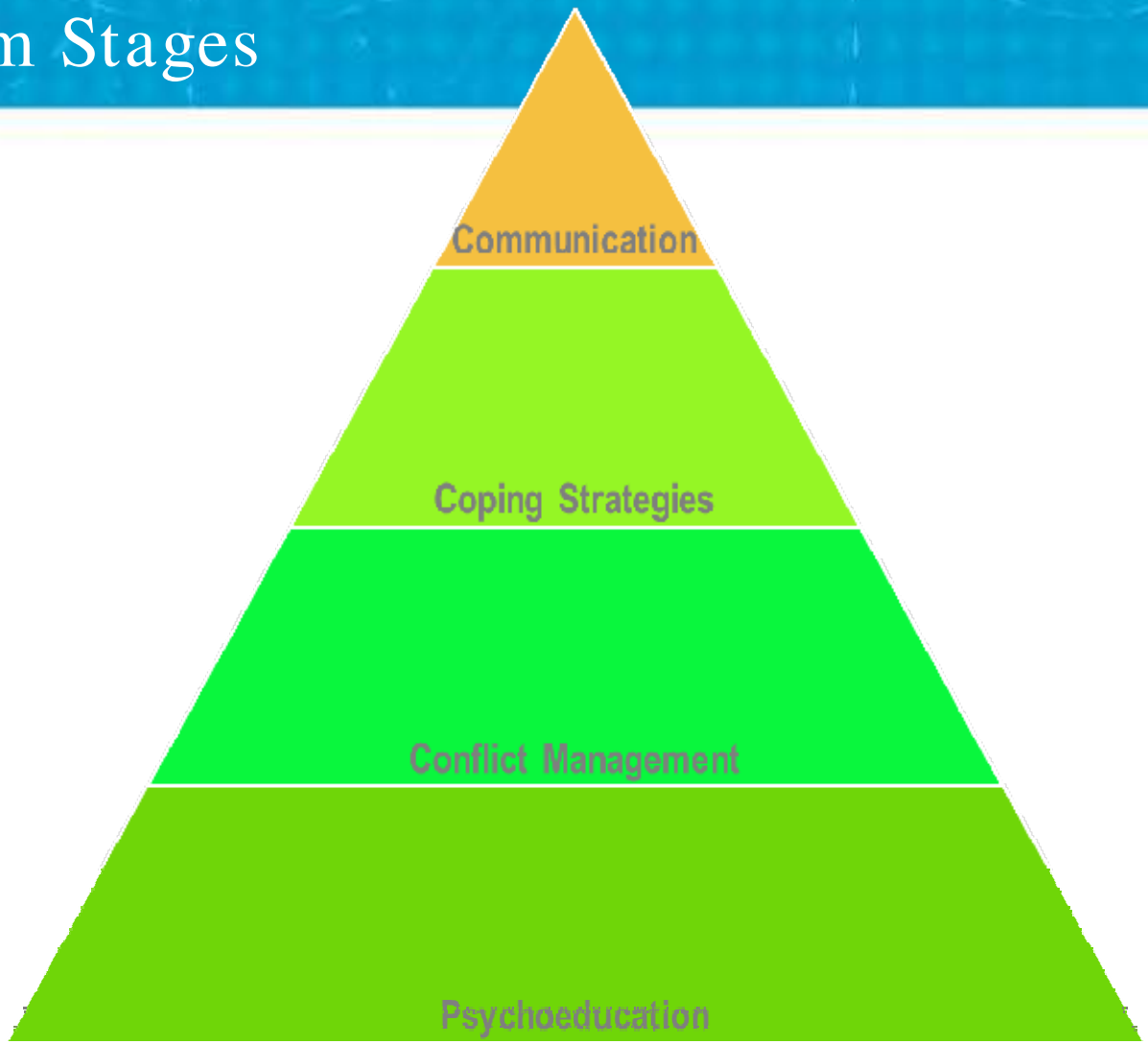
Program Stages

Stage 4

Stage 3

Stage 2

Stage 1



SAH Stages

- Stage I (Sessions 1-2): Psychoeducation
  - Pros/cons of abuse
  - Forms of IPV and impacts of trauma
  - Core themes
  - Goals for group

SAH Stages

- Stage II (Sessions 3-4): Conflict Management
  - The anger response
  - self-monitor thoughts, feelings, physiological responses
  - Assertiveness
  - time outs to de-escalate

SAH Stages

- Stage III (Sessions 5-6): Coping Strategies
  - Anger-related thinking
  - realistic appraisals of threat & other's intentions
  - coping with stress
  - problem focused versus emotion focused coping
  - relation training for anger

SAH Stages

- Stage IV (Sessions 7-12): Communication Skills
  - Roots of communication style
  - active listening
  - assertive messages
  - expressing feelings
  - communication traps

QUESTIONS?