

A Case Study in Collaboration

*Connecting the Dots
Between Relationships &
Health:*

*Supporting Patients &
Providers on How to Talk
About Abuse & Violence
Utilizing the Maine Coalition
to End Domestic Violence
Healthcare Response Toolkit*

Amanda Taisey,
*Health Systems Coordinator,
Maine Coalition to End
Domestic Violence*



Celia Demos, BSN, RN, CLC
*Public Health Nursing Operations
Team Leader, Maine CDC*



Maine Primary Care Association Annual Conference
October 23, 2024 ~ Rockport, Maine

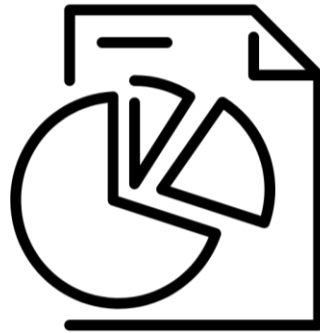
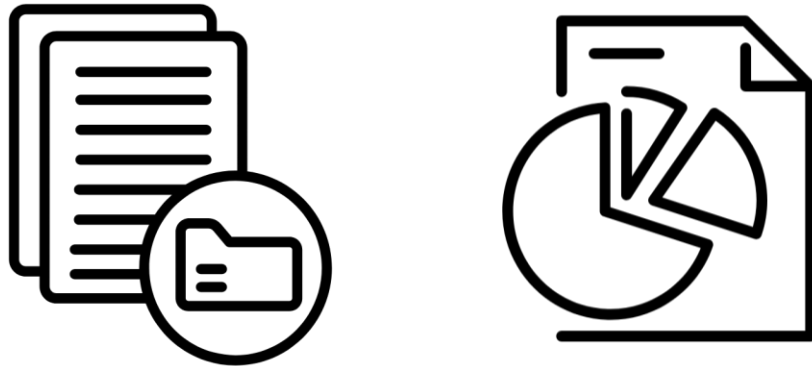
Welcome & Introductions

This presentation is a case study in collaboration between the Maine Coalition to End Domestic Violence (MCEDV) and the Division of Public Health Nursing (PHN) from the Maine Center for Disease Control & Prevention.

Co-presented by **Amanda Taisey (MCEDV)** and **Celia Demos (PHN)**, this presentation will detail the year+ long process the Maine CDC PHN undertook in partnership with MCEDV to revise their domestic violence screening and response policy and protocol.

Presentation Overview

We will examine the following:



We will also highlight:

- *How to Connect the Dots*
- *MCEDV & PHN Partnership Timeline*
- *Implementation*
 - *Universal Education*
 - *MCEDV HC Response to DV Toolkit*
- *PHN Outcomes & Moving Forward*
- *Statewide Resources*

Key Objectives

- Define domestic abuse and violence.
- Review the dynamics of domestic abuse and violence.
- Understand the Maine Domestic Abuse Homicide Review Panel recommendations for healthcare providers.
- Understand the importance of implementing a Universal Education approach to support and screen patients for domestic abuse and violence in your practice.
- Identify and understand how to connect with the Domestic Violence Resource Center and Public Health Nursing Program in your county.
- Describe the benefits of partnering with MCEDV or a local Domestic Violence Resource Center to review your DV Policy & Procedures.



DOMESTIC VIOLENCE AWARENESS MONTH
OCTOBER 2024



Maine Department of Health and Human Services

Maine CDC

Maine Center for Disease Control and Prevention



National Domestic Violence Awareness Month: Essential Resources for Community Health Centers to Address Intimate Partner Violence

"Community Health Centers (CHCs) serve as vital lifelines for millions, offering comprehensive care to underserved and vulnerable populations. One crucial area where CHCs make an impact is in addressing Intimate Partner Violence (IPV)—a serious public health issue that often remains hidden. Through routine universal education on IPV, culturally sensitive approaches, and strong community partnerships, CHCs are uniquely positioned to identify and support those affected by IPV."

- *Nālanī Tarrant, Director SDOH, National Association of Community Health Centers, 10/4/2024*



FRAMING & TRAINING

*Examining Impact:
Defining Abuse &
Violence &
Recognizing Health
Risks**

Maine Coalition to End Domestic Violence

The Maine Coalition to End Domestic Violence advocates for the right of all people to live free from domestic abuse and all forms of violence.

We provide training, consultation, and technical assistance to statewide organizations to enhance their response to domestic abuse. We also support the work of our members, who provide these same services in their local communities.

Together, we work to foster a **coordinated community response**, centered around **improving survivor safety** and **accountability for people who use abusive behavior**.



Public Health Nursing Division & Services

Maternal Child Health Services – CradleME

Nursing Assessments

Screenings

Education & Resources

Infectious Disease

Tuberculosis Infection (formerly LTBI) and Tuberculosis Disease (TB)

Immunizations

Catch-up clinics, Emergency Response

Older Adults

Nursing Assessments

Screenings

Education & Resources

MentiMeter!

Anonymous

(except for the first question but your answers following Q #1 will not be tied to your name in any way)

Visit: www.menti.com

Enter the Code: 7899 4764

Keep the tab/screen open

Over the next few slides, we will be discussing some especially difficult content, including homicide, strangulation and abuse during pregnancy.

Please take care of yourself in whatever ways you need to.

Statewide Domestic Abuse Helpline: 1-866-834-HELP
Deaf or Hard of Hearing: 1-800-437-1220

Definition of Domestic Abuse & Violence

1. **Pattern of controlling behavior** – not isolated incidents of physical violence
2. In the context of a **current or former relationship**
3. When one person uses intimidating, threatening, harmful, persistent behavior that **creates fear and coerces compliance** from the victim
4. **Purposeful** and chosen – not out of control
5. Based on **belief** that one intimate partner has the right to limit the human and civil rights of the other

Who Experiences Domestic Abuse & Violence?

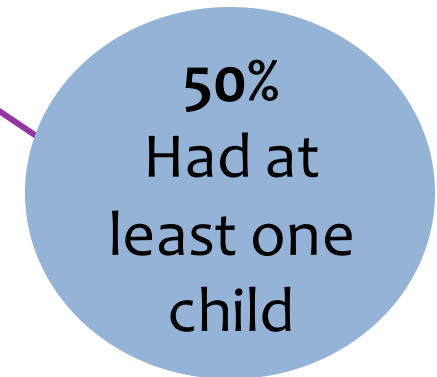
Domestic violence occurs in all types of intimate partner and intrafamilial relationships...

...And across all demographics

And some people – and groups of people – are disproportionately impacted by this public health issue.



2023 MCEDV Data Snapshot



Health Impacts of Abuse & Violence

The [National Intimate Partner and Sexual Violence Survey](#) found that women and men who had experienced IPV reported a significantly **higher incidence of frequent headaches, chronic pain, difficulty sleeping, and limitations in their activities** than those not reporting IPV

IPV among men who have sex with men, those experiencing IPV were more likely to have **depression**, be **HIV positive**, and **engage in substance use and unprotected sex**.

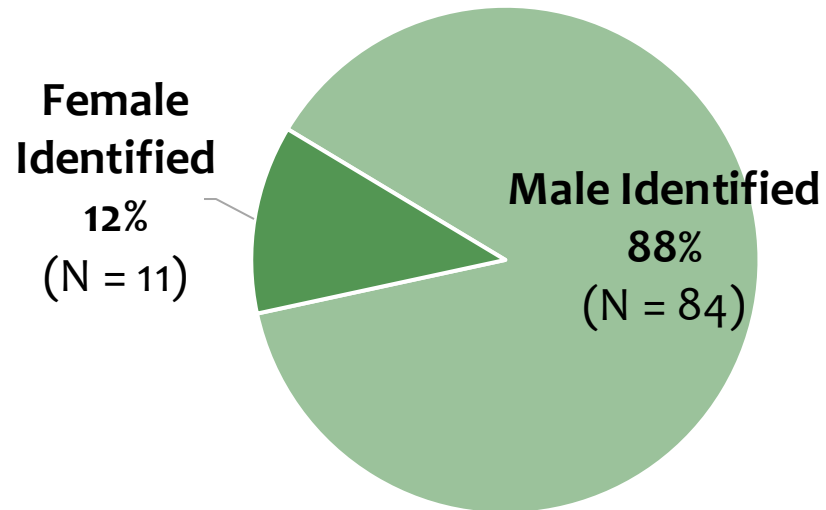
Unfortunately, little research has focused on the health outcomes of IPV on the transgender and nonbinary or gender expansive community; data in this area is lacking.

Having a disability increases the risk for various types of IPV, for men and women.

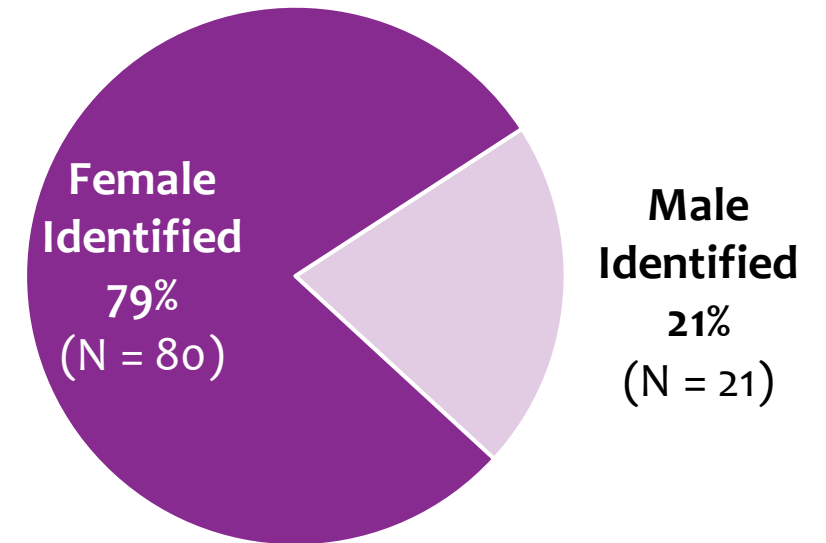
Women with a disability were significantly more likely to report experiencing rape and other types of sexual violence, physical violence, stalking, psychological aggression & control of reproductive or sexual health by an intimate partner.

Intimate Partner Homicides in Maine (2000-2019)

95 Offenders by Gender



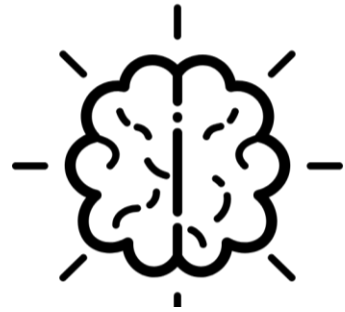
101 Victims by Gender



Source: [13th Biennial Report of the Maine Domestic Abuse Homicide Review Panel](#)

High-Risk Tactics

Strangulation



Partner-Inflicted Brain Injury



Abuse During Pregnancy

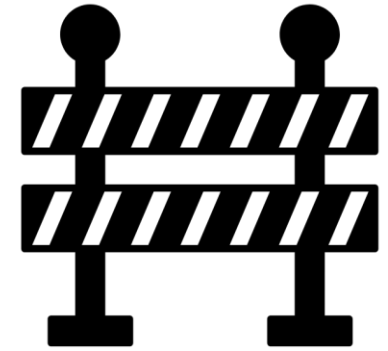


Substance Use &
Mental Health Coercion



Barriers for Survivors Seeking Healthcare

- Lack of access to resources such as: transportation, cost of services, access to hospitals/health centers, etc.
- Medical racism, fatphobia, transphobia, misogyny
- Re-traumatization
- Invasive procedures: removal of clothing, physical touch, vulnerable physical positions, etc.
- Fear of reporting to law enforcement, CPS, ICE
- Societal stigma, shame, victim-blaming
- Lack of culturally competent providers and services.





CONNECTING THE DOTS

Recommendations

Maine's Domestic Abuse Homicide Review Panel: Overview

By law, effective October 1, 1997, the Maine Legislature charged the Maine Commission on Domestic and Sexual Abuse with the task of establishing a **Domestic Abuse Homicide Review Panel** to "review the deaths of persons who are killed by family or household members."

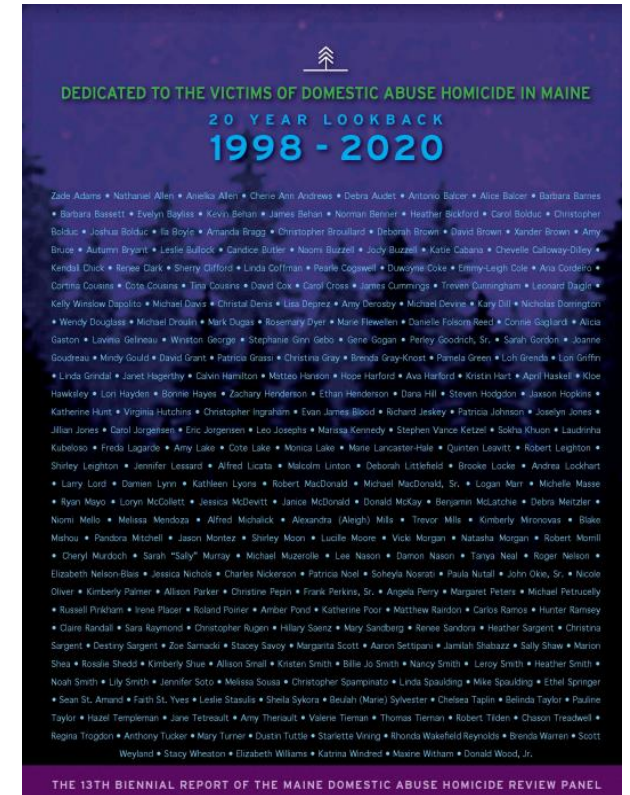
The legislation mandated that the Panel "recommend to state and local agencies methods of **improving the systems for protecting persons** from domestic and sexual abuse including modifications of laws, rules, policies, and procedures following completion of adjudication." The Panel was further mandated "to **collect and compile data** related to domestic and sexual abuse." [19-A M.R.S. §4013\(4\)](#)

Maine's Domestic Abuse Homicide Review Panel: Reporting

For over 20 years, the Maine Domestic Abuse Homicide Review Panel has met monthly to retrospectively review cases of intimate partner and intrafamilial homicide.

The 13th Biennial report is entitled, [A 20 Year Lookback](#) and is dedicated to the victims of domestic abuse homicide in Maine 1998-2020.*

*The 14th Biennial Report, released in December 2023, can be found here: [14th-HRP-Report-FINAL-with-Dedication.pdf \(mcedv.org\)](#)



"The majority of IPV cases included males killing their female intimate partners"

Maine's Domestic Abuse Homicide Review Panel: Recommendations

The Panel recommends that **all system professionals** engage in regular opportunities to **educate themselves and refresh their understanding of the dynamics and appropriate responses** in high-risk domestic violence cases, including known lethality factors and suicide concerns.

In high-risk cases in which professionals are involved but not attuned to potential dangers, **victims become even more vulnerable**, and **perpetrators are empowered**.

Maine's Domestic Abuse Homicide Review Panel: Recommendations

Follow best-practices response to DV & SV

- a) *Ask about/screen/investigate fully for domestic abuse;*
- b) *Refer to appropriate community-based advocacy organizations;*
- c) *Make legally **mandated reports** to Child or Adult Protective Services; and/or*
- d) *Document the above*

Sustained and expanded efforts to maintain and expand Maine's Coordinated Community Response (CCR) to domestic violence: *increases victim safety* and *enhances abuser accountability*.

Healthcare organizations, faith communities, child welfare, Certified Domestic Violence Intervention Programs, schools, etc.



IMPLEMENTATION

***Universal Education:
Reaching Beyond,
"Are You Safe at
Home?"***

CUES: Confidentiality, Universal Education & Support

- Pioneered by Futures Without Violence, CUES is an intervention approach designed to help healthcare professionals talk with all patients about how relationships can affect their health and how to get support.
 - *Confidentiality, Universal Education & Empowerment and Support*
- Unlike traditional screening methods, CUES does not rely on a disclosure of abuse to provide a patient with information and resources they might need.
- The CUES intervention is most effective when healthcare providers have a strong partnership with their local Domestic Violence Resource Center.

Survivors say they want healthcare providers to:

Offer information and support.

Listen.

Be nonjudgmental.

Not push for disclosure.

Privacy & Safety Considerations

“For victims of DV/IPV, this is not just an issue of **privacy** but also one of **safety** as perpetrators of DV/IPV can retaliate against victims of abuse if they find their partner has discussed violence with their provider.”

“Abusers are aware of the harm they may cause and want to **maintain power and control**; one way is through physically going through a survivor’s device searching for information about their medical history.”

MentiMeter! CODE: 7899 4764

Q2: If you are in a position to, how comfortable are you asking patients about their experiences with domestic abuse and violence?

Q3: What gets in the way?



Q4: WHO does the screening in your practice?

Q5: WHEN does the screening occur?

Q6: WHAT is the intervention if a patient screens positive for DV?



***Maine Coalition to End
Domestic Violence
Healthcare Response
Toolkit***

MCEDV Healthcare Response to DV Toolkit: Overview

Training Curriculum

- **Comprehensive Training:**
 - **DV Foundations** (Survivor Risk Analysis, Common Justifications, etc.)
 - **Examining Impact: Signs & Health Risks of Domestic Abuse & Violence** (Strangulation, Pregnancy, Partner-Inflicted Brain Injury, Reproductive Coercion, Substance Use and Mental Health Coercion, etc.)
 - **Recommendations:** Talking about Domestic Abuse and Violence with Patients (Universal Education)
 - **Resources for Providers & Patients** (Trauma-Informed Documentation & Mandated Reporting, Safety Planning, Partnering with Your Local Domestic Violence Resource Center, etc.)
- **Intersectional Training Topics:** Individuals with Disabilities and Deaf/Hard of Hearing, Child Abuse, HIV/AIDS, Incarceration, LGBTQIA+, Suicidality, Stalking, Firearms, Elder Abuse, etc.

Print Materials

- **For Providers:** CUES Handout
- **For Patients:** Healthcare Connections Cards
- **For Advocates:** Policy & MOU templates

For Providers: *CUES* Handout

CUES: OVERVIEW

UNIVERSAL EDUCATION
Give each patient two MCEDV safety cards to start the conversation about relationships and how they affect health.

Open the card and encourage the patient to take a look.

Make sure patients know that you're a safe person for them to talk to.

C

CONFIDENTIALITY
Prioritize patient safety. Only discuss relationships and abuse in a private setting.

When needed, always use professional interpreters; never use a patient's family or friend.

Know Maine's mandatory reporting requirements and share any limits of confidentiality with all patients.

U

EMPOWERMENT
Offering MCEDV safety cards to all patients ensures that everyone gets access to information about relationships, not just those who choose to disclose experiences of violence.


E


SUPPORT
While disclosure of abuse is not the goal, it will happen; know how to support someone who discloses they've been abused.

Make a warm linkage to your local Domestic Violence Resource Center.

Offer health promotion strategies and a care plan that takes surviving abuse into consideration.

S



 **MCEDV.** The Maine Coalition to End Domestic Violence
Connecting People. Creating Frameworks for Change.
www.mcedv.org

CUES: EXAMPLES

UNIVERSAL EDUCATION
"Because abuse and violence is common in many people's lives, I talk to all my patients about safe and healthy relationships. Here is a safety card that describes how relationships can affect your health. Take a look. I've also included a second card in case you want to share it with a friend or family member."

C

CONFIDENTIALITY
"Before we get started, I want to let you know that I won't share anything we talk about today outside of the care team here. However, I am a mandated reporter and required to report suspected child abuse or neglect and suspected abuse or neglect of an incapacitated or dependent adult. I share this with you so that you have the power to decide what you want to talk about today."


U


EMPOWERMENT
"On the back of the safety card is the 24/7 state helpline number that you can call - it's free and confidential and will connect you to local resources. And you can always talk to me about how you think your relationships are affecting your health. Is any of this a part of your story?"

E

SUPPORT
"Thank you for sharing this with me. I'm so sorry this is happening. What you're telling me makes me worried about your safety and health... A lot of my patients experience things like this. There are resources that can help. Are you familiar with [name of local Domestic Violence Resource Center]? I would be happy to connect you today if that interests you."

S



 **MCEDV.** The Maine Coalition to End Domestic Violence
Connecting People. Creating Frameworks for Change.
www.mcedv.org

For Patients: *Healthcare Connections Card*

Connecting the Dots Between Relationships & Your Health

MCEDV.
The Maine Coalition
to End Domestic Violence

This resource has been adapted from the Futures Without Violence Patient Safety Card.

Abuse & Violence Affects Your Health

It can cause new health issues or make existing ones worse, like asthma, diabetes, chronic pain, high blood pressure, cancer, substance, alcohol and/or nicotine use, trouble sleeping, depression, anxiety, or sexually transmitted infections.

Violence may get worse during pregnancy. This can increase risk for pre-term delivery, low birth weight, and miscarriage. Homicide is a leading cause of death during pregnancy and postpartum.

Has a Partner Ever...

- Shamed or humiliated you, made you feel bad about yourself?
- Made decisions about who you talk or spend time with?
- Controlled your money?
- Hurt, scared or threatened you?
- Made decisions about when and how you have sex?
- Interfered with how you care for your children?
- Used substances to control you or pressured you to use them?
- Forced you to get pregnant or have a baby when you did not want to?
- Tried to suffocate or strangle/choke you?

Your healthcare provider is available to talk with you about how these things might affect your mental and physical health and what options are available.

The Role of Your Healthcare Provider

- Offer a private space for you to call a domestic violence advocate.
- Provide treatment and care for your health concerns.
- Maintain your confidentiality and privacy.
- Mandated to report suspected child abuse or neglect and suspected abuse or neglect of an incapacitated or dependent adult to the appropriate state agency.

You have the power to decide what you share with your healthcare provider.

Maine's Statewide Domestic Violence Helpline:

1-866-834-HELP (4357) or 1-800-787-3224 (TTY)

Scan the QR Code or visit www.mcedv.org/get-help for more information.

What to expect when you call the Helpline:

- An answering service will take your call and have a local advocate call you back at the number you provide within 15 minutes.
- Interpreters are available if you need one.
- What you share is your choice.
- Advocates do not give advice or tell people what to do.
- You'll receive confidential, non-judgmental support from a trained advocate 24/7.



**Public Health
Nursing Program:
*Partners in DV
Response Through
Policy & Practice***

Summer
/Fall
2022

- **MCEDV & PHN:** Initial meeting to discuss best practices for screening
- **PHN:** Internal DV Response Policy Review
- **MCEDV:** DV Response Training development for PHNs

Winter/
Spring
2023

- **MCEDV:** 4-Hour introductory training for PHNs
- **MCEDV & PHN:** Training debrief, policy review & recommendations
- **PHN:** Cross-functional Workgroup
- **PHN:** Reviewed evidence-based assessments

Summer
/Fall
2023

- **PHN:** EMR updates & staff education
- **PHN:** DV Response Policy Launch
- **MCEDV:** 6-Hour DV Response training for all PHNs & implementation of Healthcare Connections Card

Spring
2024

- **PHN:** Review of EMR data & PHN feedback
- **MCEDV:** 6-Hour DV Response training for all new hires
- **MCEDV & PHN:** Planning for 2024-2025 ongoing engagement

Screening Practices & Documentation

Your health is impacted by your intimate relationships. Because abuse and violence are so common in many people's lives, we ask everyone about these issues.

Over the last 12 months, how often did your partner:	NEVER 1	RARELY 2	SOMETIMES 3	FAIRLY OFTEN 4	FREQUENTLY 5
Physically hurt <u>you</u> ?					
Insult you or talk down to you?					
Threaten you with harm?					
Scream or curse at you?					
Force you to perform sexual activities?					

Total Score _____

Each item is scored from 1-5. Scores range between 5-25. A total score greater than 7 may signify that you are at risk of domestic abuse and may benefit from receiving help from a domestic violence resource center.

Addressing Staff Concerns

Nurse-Patient Relationship

Privacy

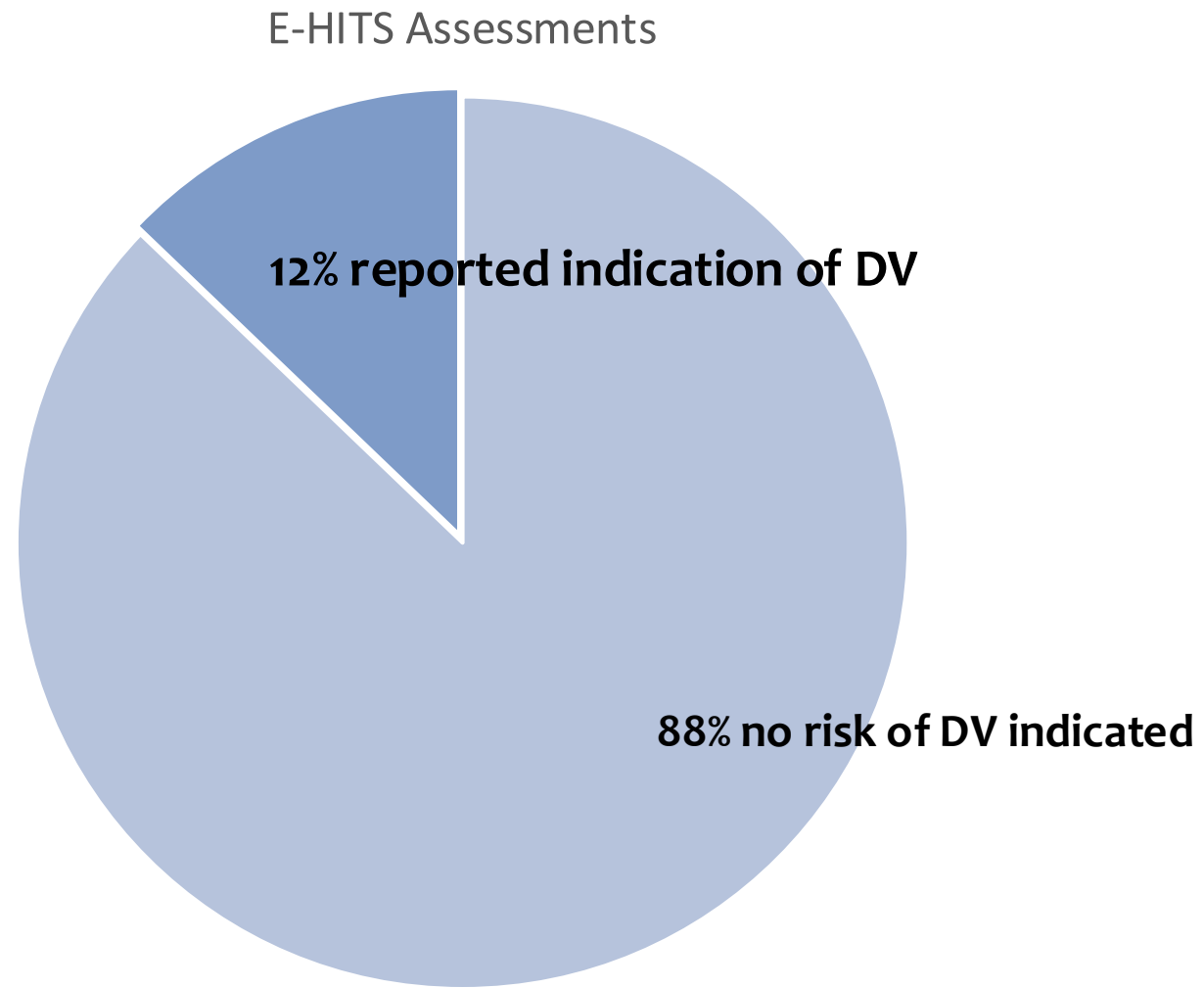
Safety

Role of PHN

Workload

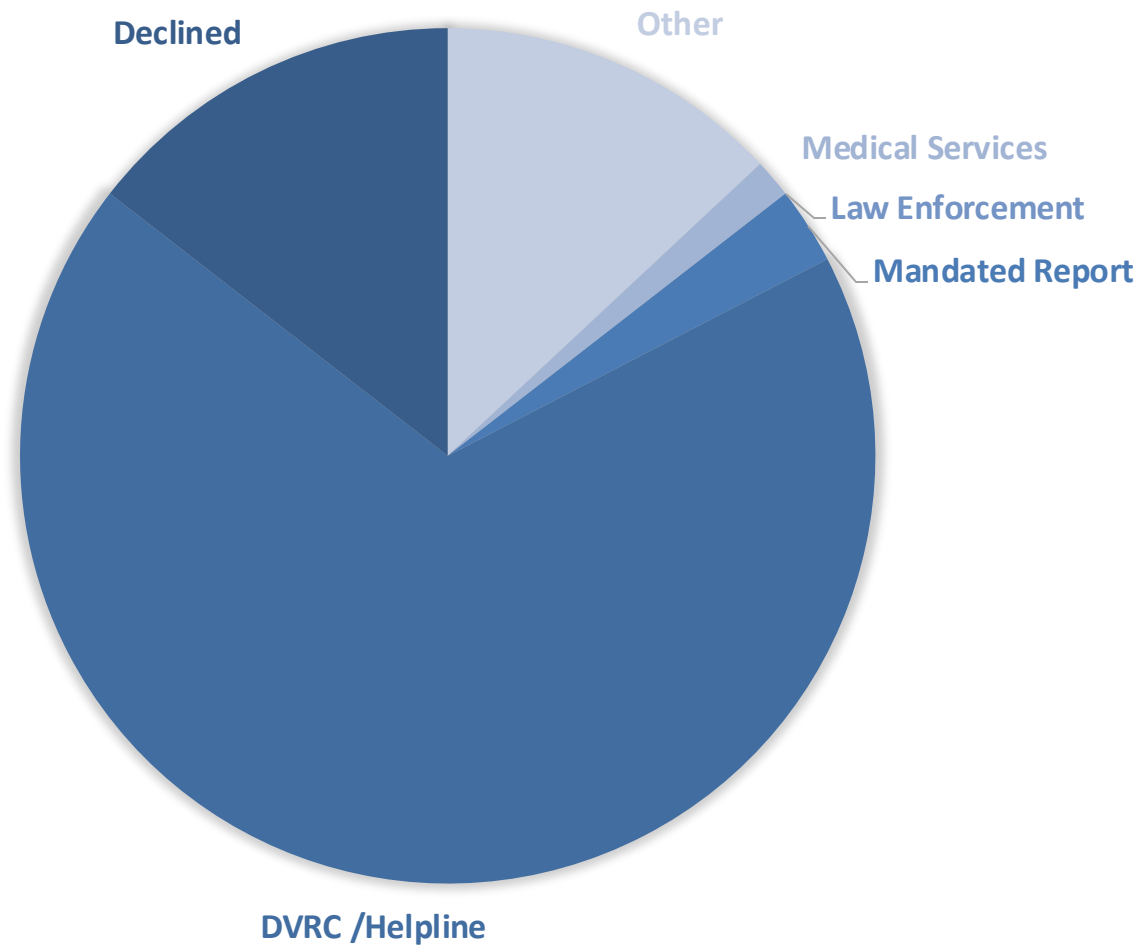
Personal Biases and challenges

Year One Data & Outcomes



Year One Data & Outcomes

INTERVENTIONS





Resources

Ten Members. One Coalition.

- 8 agencies statewide
- 24-hour toll-free helplines
- **SAFETY PLANNING!**
- One-on-one support & advocacy
- Support groups
- Emergency sheltering options
- Transitional housing services
- Legal advocacy & representation or referrals
- Community and school-based education
- Information and access to public assistance
- Children's programs – **DV/CPS Liaisons**
- Professional training
- Collaborative initiatives
- Culturally-specific services – *Immigrant Resource Center of Maine and Her Safety Net*



MCEDV.

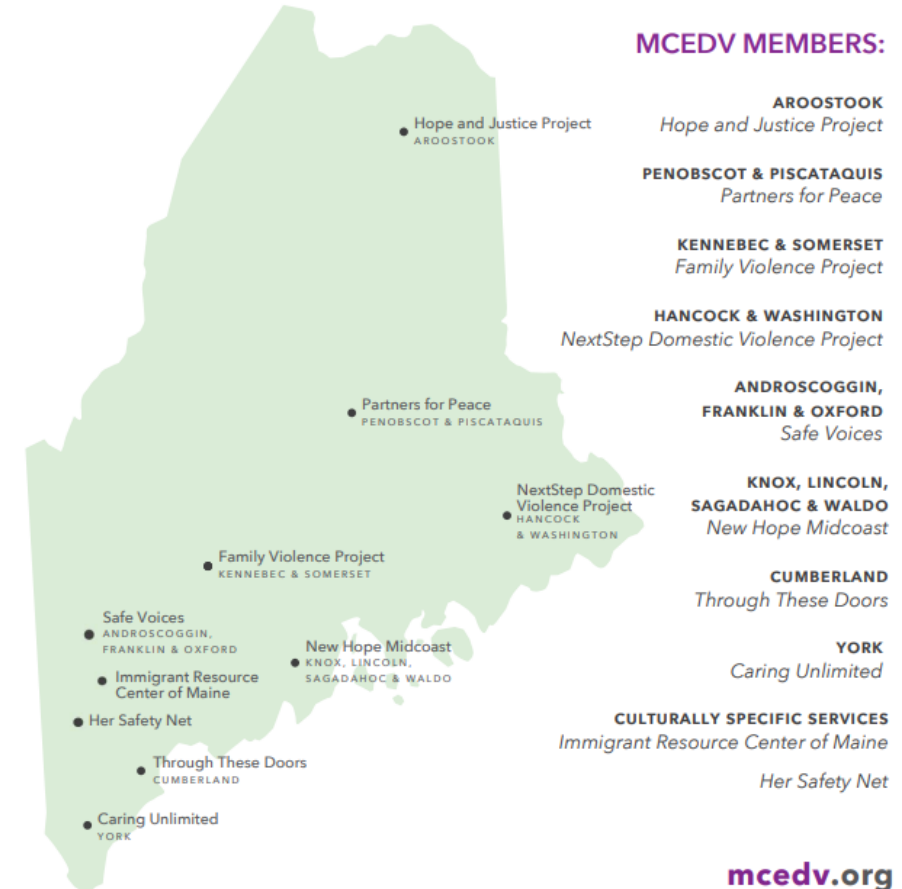
The Maine Coalition
to End Domestic Violence

Help is just a call away.

24 Hour • Toll Free • Confidential • Interpreters Available

1-866-834-HELP (4357)

Maine Telecommunications Relay Service:
1-800-437-1220



MCEDV.

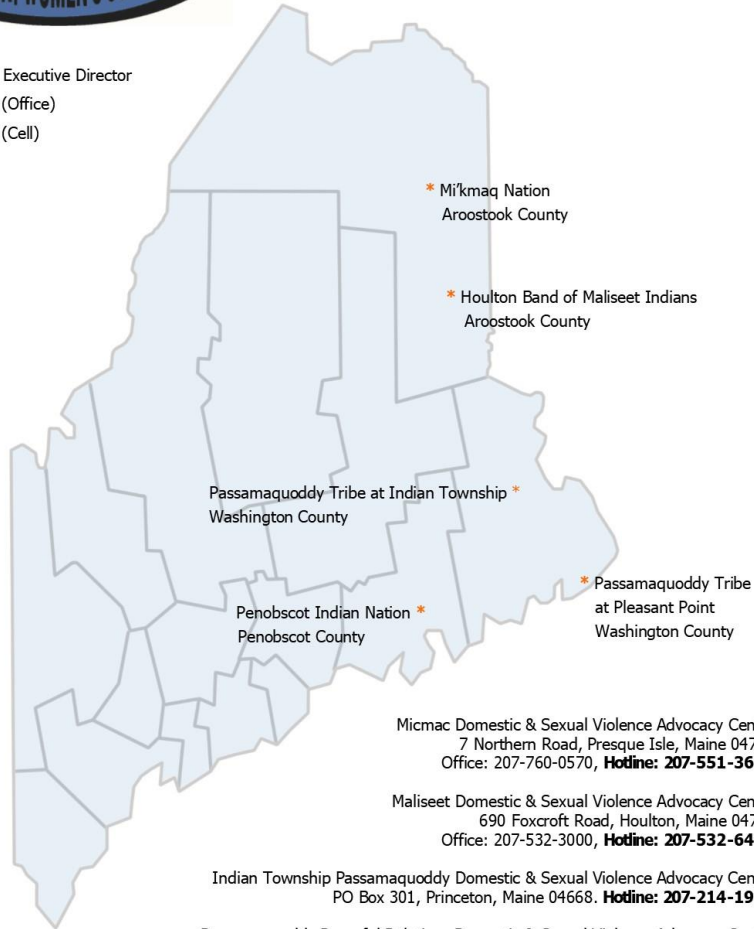
The Maine Coalition
to End Domestic Violence



Increasing the Capacity of Tribal Communities to Respond to Domestic and Sexual Violence.

www.wabanakiwomenscoalition.org

Donna Brown, Executive Director
207-866-3030 (Office)
207-322-6604 (Cell)



Micmac Domestic & Sexual Violence Advocacy Center
7 Northern Road, Presque Isle, Maine 04769
Office: 207-760-0570, **Hotline: 207-551-3639**

Maliseet Domestic & Sexual Violence Advocacy Center
690 Foxcroft Road, Houlton, Maine 04730
Office: 207-532-3000, **Hotline: 207-532-6401**

Indian Township Passamaquoddy Domestic & Sexual Violence Advocacy Center
PO Box 301, Princeton, Maine 04668. **Hotline: 207-214-1917**

Passamaquoddy Peaceful Relations Domestic & Sexual Violence Advocacy Center
PO Box 343, Perry, Maine 04467
Office: 207-853-0092, **Toll Free Hotline: 877-853-2613**

Penobscot Nation Domestic & Sexual Violence Advocacy Center
23 Wabanaki Way, Indian Island, Maine 04468
Office: 207-817-7446/7448/7449, **Hotline: 207-631-4886**



STRONGHEARTS
Native Helpline

StrongHearts Native Helpline

A culturally-appropriate domestic, dating and sexual violence helpline for Native Americans and Alaska Natives.



Safe. Anonymous. Free. Confidential.
Call, text or chat 24/7 | 1-844-762-8483 | strongheartshelpline.org



MCEDV.

The Maine Coalition to End Domestic Violence

Role of a DV Advocate

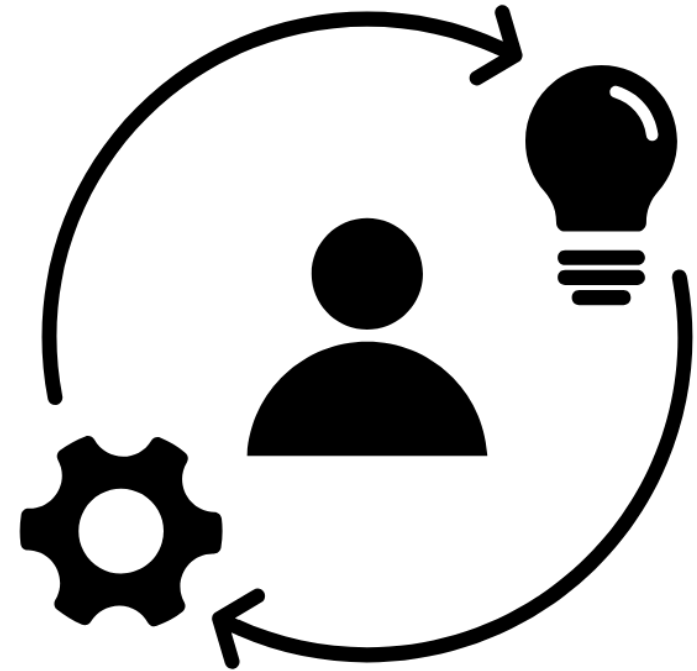
- Provides free, non-directive services
- Available 24/7 via phone,
- Specialized expertise based on the experiences of thousands of survivors
- Has up-to-the-minute information about community resources
- Does not bill insurance
 - Thereby, advocates are typically not bound by the time limits that many clinicians must work under

Public Health Nursing Referral - CradleME



MentiMeter! CODE: 7899 4764

Q7: With the information that we shared with you, what is (at least) ONE thing you can do after today?



Thank you!

Amanda Taisey, MCEDV
amanda@mcedv.org

Celia Demos, PHN
celia.demos@maine.gov

Evaluation QR Code



<https://forms.office.com/r/TVYoHhD1Dp>