

Fall 2017

## On-site & On-Call: Domestic Violence Advocates Bring Direct Services & Support to East Los Angeles Hospital

A woman in her 60s with high blood pressure looking for help for her chronic pain kept visiting her primary care clinic in Los Angeles, but doctors were baffled. No one could suggest a clear-cut explanation for the patient's symptoms.

Her doctor, Janina Morrison, suspected something else was contributing to her symptoms. "I got the sense that she was depressed, but she refused mental health help," said Morrison, a primary care doctor at Los Angeles County + University of Southern California Medical Center (LAC+USC). "She wasn't doing well, and she was very stressed out. She was doing things like calling the police about her neighbors a lot and it was causing problems with her landlord and she was at risk of homelessness."

So, Morrison sent her to the Wellness Center on USC's campus, which houses a number

of community-based organizations that offer culturally sensitive health programs, classes, and counseling. The patient met with a "wellness navigator" who told her about available services in her area, including those provided by East Los Angeles Women's Center (ELAWC), a domestic violence resource and advocacy organization.

That was the turning point.

"She disclosed that in the past she was traumatized by domestic violence and something about her neighbors was triggering that for her," said Morrison, "It was a real revelation for me. It very clearly explained everything."

Since opening a second office onsite at the hospital four years ago, ELAWC has been transforming how domestic violence is handled by healthcare professionals at one of the largest public hospitals in the country.

When summoned by clinicians and staff anywhere on the LAC+USC campus, ELAWC advocates show up within 15 minutes. It used to take up to an hour to get to the hospital from their primary location in the city.

Now, advocates are able to immediately help patients in the emergency room, the 600-bed hospital, or in outpatient offices. They also train medical students, clinicians, and staff on how to screen for and respond to domestic violence.



Clinicians can also refer their patients directly to ELAWC's onsite office, located at the historic former general hospital building, where they can receive bilingual crisis intervention; counseling, individual and group therapy, HIV testing, and referrals to housing, child services, and legal aid.

Morrison's patient with chronic pain didn't disclose her history of trauma when she had been asked about it before at clinic appointments.

"I'm not the most culturally competent," Morrison said. "At the community organizations, people are bilingual, they have more time. It's sometimes a better place for someone to disclose their domestic violence."

With their constant presence on campus and educational programs and training, clinicians have come to recognize the ELAWC advocates as specialists who are a vital part of the healthcare team, said Rebeca Melendez, LAC+USC Wellness Center director.

"We are trained to diagnose domestic violence situations," Melendez said. "We are specialists in care. The administration stands behind our work. That has been the key to success. They vouch for us."

Doctors, clinicians, and staff who never felt like they had the experience or expertise to tackle a sensitive issue like domestic violence now feel empowered, Morrison said.

"We are a safety net hospital with patients who have a lot of social struggles and physicians who may not be able to help them," Morrison said. "But because of this relationship we have with East Los Angeles Women's Center, we have been able to do more and feel more comfortable that we are helping them."

There is increasing recognition in the healthcare field that social determinants of health are huge obstacles for patients, Morrison said.

"Having wellness advocates onsite is an experiment in how to quickly address these complex needs so we can get better care for our patients," Morrison said.

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At their office on the medical campus, ELAWC sees up to 32 clients a week for counseling, consultation, and connections to other forms of needed support, said Morrison.

"I take care of patients with chronic disease, people struggling with diabetes," Morrison said. "I have been shocked by how the main obstacle [to better health] turns out to be their domestic violence experience and how common domestic violence is. It is so prevalent and so tied up with self-care. People do not have the wherewithal to manage chronic health conditions because there is so much unresolved trauma."

ELAWC has been a resource for domestic violence survivors in the East Los Angeles community since 1976, when it became the first bilingual English-Spanish hotline for victims of sexual assault in Southern California.

"We'd respond to the emergency room and had established a relationship with physicians there," said Barbara Kappos, executive director of East Los Angeles Women's Center. "That's how we got to know their system. They didn't have screening tools or a large-scale response plan to domestic violence. We wanted to begin to educate, mobilize and build awareness around these issues in all parts of the massive medical system."

To start the partnership, ELAWC worked with leaders at LAC+USC to form an interdepartmental task force to identify ways to better address domestic violence in the healthcare setting. Today, the partnership has expanded to include broader and deeper approaches to prevent and address abuse.

At a recent event at LAC+USC medical campus, suitcases with items packed by actual survivors before fleeing their violent situations were set up in the hospital's courtyard. Advocates stood next to each suitcase, talking about the survivor's story and taking questions.

"Just being able to hold that event would have been impossible without this partnership," Kappos said. "The amount of red tape involved just to get approval and get it set up would have been impossible if we were not already a trusted part of the system."

The educational work led by ELAWC isn't only for healthcare providers. The group has also trained clergy members who visit patients at the hospital on how to identify domestic violence and what resources are available to help them, Kappos said, since some patients will feel most comfortable confiding in them. Working with medical students at the Keck School of Medicine, ELAWC is preparing them to enter the medical field with an understanding of how to more meaningfully and effectively help patients experiencing domestic violence, Melendez said.



ELAWC leads basic domestic violence and sexual assault response training for all medical students. This includes how to convey an open and nonjudgmental tone to make a patient feel safe, Melendez said. Trainers often bring survivors who give personal testimony about their medical care .

At one training in April, a medical student asked a young survivor what she could say, as a provider, to make a patient feel more comfortable in disclosing trauma.

"It's not about what you can say," the girl told the medical student, Melendez said. "Look at you. I am looking at you and all I can think is I'm this little brown girl from the hood. You are beautiful and educated. I'm just here praying that you don't judge me."

The survivors feel like they are making a difference by sharing their experiences, Melendez said.

"There wasn't a dry eye in the room," Melendez said. "It's beyond powerful."

But what happens when there is a patient in crisis, who has told her provider that she's experiencing domestic violence, but is about to be released from the hospital - often back into an abusive environment? The partnership between ELAWC and LAC+USC now has an answer for that. The partners are planning what will be the first-ever in-hospital shelter in the country for domestic violence survivors. It's currently set to open in 2018, Melendez said.

ELAWC identified this critical gap between when a survivor is released from the hospital to when they can get into a shelter or housing plan. Sometimes that gap puts survivors in dangerous and compromising situations or in shelters that aren't appropriate, she said. Advocates used to sit with patients around the clock in the waiting room trying to arrange for housing. But, if there is nowhere to go, the survivor is at risk of returning to the abusive situation from which they are trying to flee.

The 24 hours after a survivor is released is a critical time to work with them, Melendez said.

The hospital received funding from the county to have 10 beds for survivors who are actively leaving violent situations. During their stay at the in-hospital shelter, the patients will receive intensive case management from ELAWC to develop a safety plan and help them find a more long-term housing solution, Melendez said.

“This is an amazing opportunity and a game changer for how medical services are provided to domestic violence survivors,” Melendez said.

Prevention and education about domestic violence in the community is another important focus of ELAWC.

To help break the cycle of violence and address the multiple factors that influence its perpetuation, they provide community prevention workshops; support groups for survivors with HIV; youth empowerment programs to prevent teen dating violence; workshops for parents, abusive partners, and young women and girls; as well as trainings for “Promotoras” - who are often survivors themselves - to become certified community advocates and help build awareness about violence against women and available resources.

“Sometimes when I’m leaving for the day, I’ll see a class of teenage girls doing empowerment activities,” Morrison said. “East Los Angeles Women’s Center is helping the next generation really early on. The prevention work that they’re doing is going to be harder to measure the impact of but it may be the most high yield thing that they do.”

Officials hope the partnership between ELAWC and LAC+USC can be a model for how domestic violence is addressed within the healthcare system, Morrison said, even if the circumstances are different.

“Not every hospital is going to have 40,000 square feet to remodel and bring in community based organizations on site,” Morrison said.

Other hospitals or health systems without sufficient space or funding for this type of endeavor could still have “virtual collaboratives” that can offer navigation services to outside resources, she said.

“Of course the question is how do you pay for this?” Morrison said. “East Los Angeles Women’s Center gets grants and the Wellness Center gets grants. We do think this should be an embedded part of healthcare system. It benefits patients who are very expensive to the healthcare system. These patients have stopped going to the Emergency room. Spending money on the Wellness center is better than spending on more expensive care.”

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Since addressing her past domestic violence experience as part of her care, Morrison’s patient with chronic pain has thrived. She has started exercising, eating healthier, got an emotional support dog, and does more self care, Morrison said.

“I have a totally different sense of what is influencing health in a way I never had when I was working in a clinic without these vital services,” Morrison said. ■