



National Family Justice Center Alliance

From Risk Assessment to Health Advocacy:
Danger Assessment Certification and the Alliance Health Services Toolkit

March 5, 2015 • 10:30am-12:00pm PST
San Diego, CA

Course Description

Presented by:

Jacquelyn Campbell PhD, RN, FAAN and
Casey Gwinn, JD

This session will give participants background and instruction on how to administer the Danger Assessment (DA) tool to victim/survivors, the weighted scoring for the DA, the resulting levels of Danger and what kinds of safety strategies might be recommended at each level. Participants will be eligible for certification in the DA at the completion of the session and will receive directions on how to obtain and use the certification. The Alliance team will then premier the release of the Health Services Toolkit, which was based off the use of the DA and developed to help FJCs assess health needs, integrate health services into their Centers, and expand partnerships with the medical community. This webinar is ideal for advocates, medical professionals, and multi-agency domestic violence organizations looking to bring a lens of health and wellness to their work and programs.

This session is approved for 1 California Minimum Continuing Education (CEU) credit and .5 Minimum Continuing Legal Education (MCLE) credit. The Family Justice Center Alliance is a California approved provider of CEU for MFT, LCSW, LEP, LPCC (Provider # PCE 5095) and MCLE for attorneys (Provider #15493). Professionals in states outside of California should check with their own state board to determine whether these credits are approved in their jurisdiction. Information on how to obtain credit will be provided during the webinar and within the course materials.



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While waiting for the presentation to begin, please read the following reminders:

- The presentation will begin promptly at 10:30 a.m. Pacific Time
- If you are experiencing technical difficulties, email natalia@nfjca.org
- To LISTEN to the presentation on your phone, dial **(562) 247- 8321**
Access Code: **618-831-561** or **listen on your computer speakers**
- Attendees will be muted throughout the presentation
- To send questions to the presenter during presentation:
 - Click on “Questions” in the toolbar (top right corner)
 - Type your comments & send to presenter
- There will be a Q & A session at the end of the presentation.
- The presentation will be recorded & posted on www.familyjusticecenter.com
- Please complete the evaluation at the end of the presentation. We value your input.



Your host today:



Casey Gwinn, JD
President,
Family Justice Center Alliance



Family Justice Center Alliance



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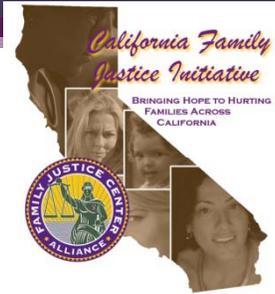


Ruth Samson



Michael Burke





Thank You to Our Sponsor

Thank you to the Verizon Foundation and
Blue Shield of California Foundation
for making this training possible!

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2015 International Family Justice Conference

San Diego April 21-23, 2015





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California Continuing Education

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- A checklist detailing how to obtain the credit will be included in the course materials and available for download.
- The checklist will also be emailed after the webinar training.



Today's Presenter:



Jacquelyn Campbell, PhD, RN, FAAN
Anna D. Wolf Endowed Chair
Johns Hopkins University School of Nursing

The Danger Assessment: Implications for Women's Safety

Jacquelyn Campbell PhD RN FAAN

Anna D. Wolf Endowed Chair

Johns Hopkins University School of
Nursing

Multi City Intimate Partner Femicide Study

Funded by: NIDA/NIAA, NIMH, CDC, NIJ VAWA R01
DA/AA1156



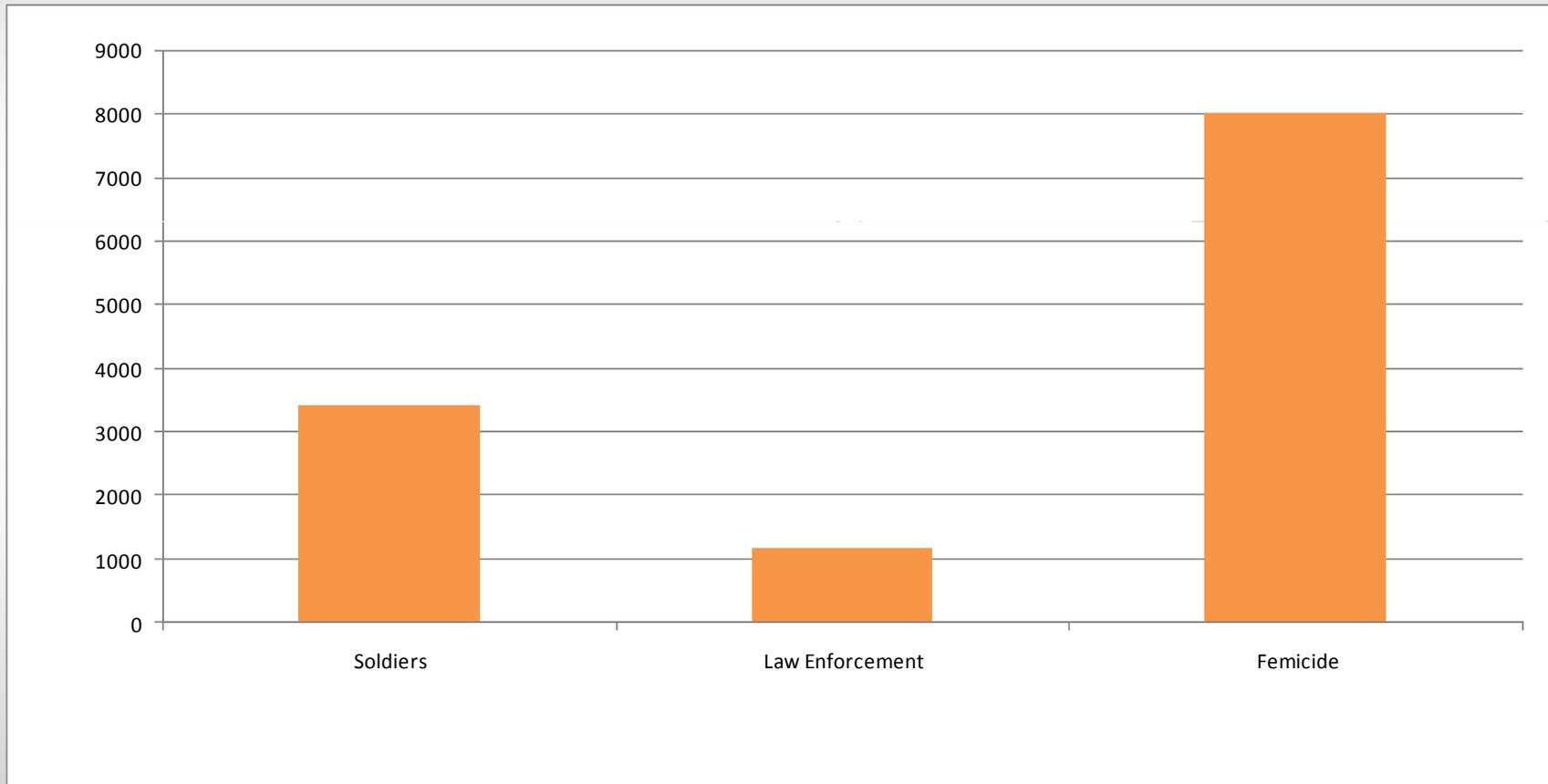
JOHNS HOPKINS
SCHOOL of NURSING

HOMICIDE IN BATTERING RELATIONSHIPS

- 40 - 54% OF US WOMEN KILLED -BY HUSBAND, BF OR EX (vs. 5-8% of men) (9 times rate killed by a stranger)
- 7th leading cause of premature death - US women; #2 cause of death-Af-Am; #3 AI/NA women 15-34 yo
- Immigrant women at increased risk - NYC (Frye, Wilt '10)
- At least 2/3 of women killed – battered prior – if male killed – prior wife abuse -75% (Campbell, '92; Morocco '98)
- More at risk when leaving or left 1st 3 mos & 1st year (Wilson & Daly, '93; Campbell '01; Websdale '99)
 - *Eventually* more safe
- Urban IP femicide decrease vs. rural increase (Gallup-Black '05)
- Women far more likely victims of homicide-suicide (29% vs. .1% male in US)
- 40-47% femicides in health care year prior (Campbell '02)

Number of American Individuals Killed 2000-06

Data from Brian Vallee, *The War on Women*,
(2007)



Children involved

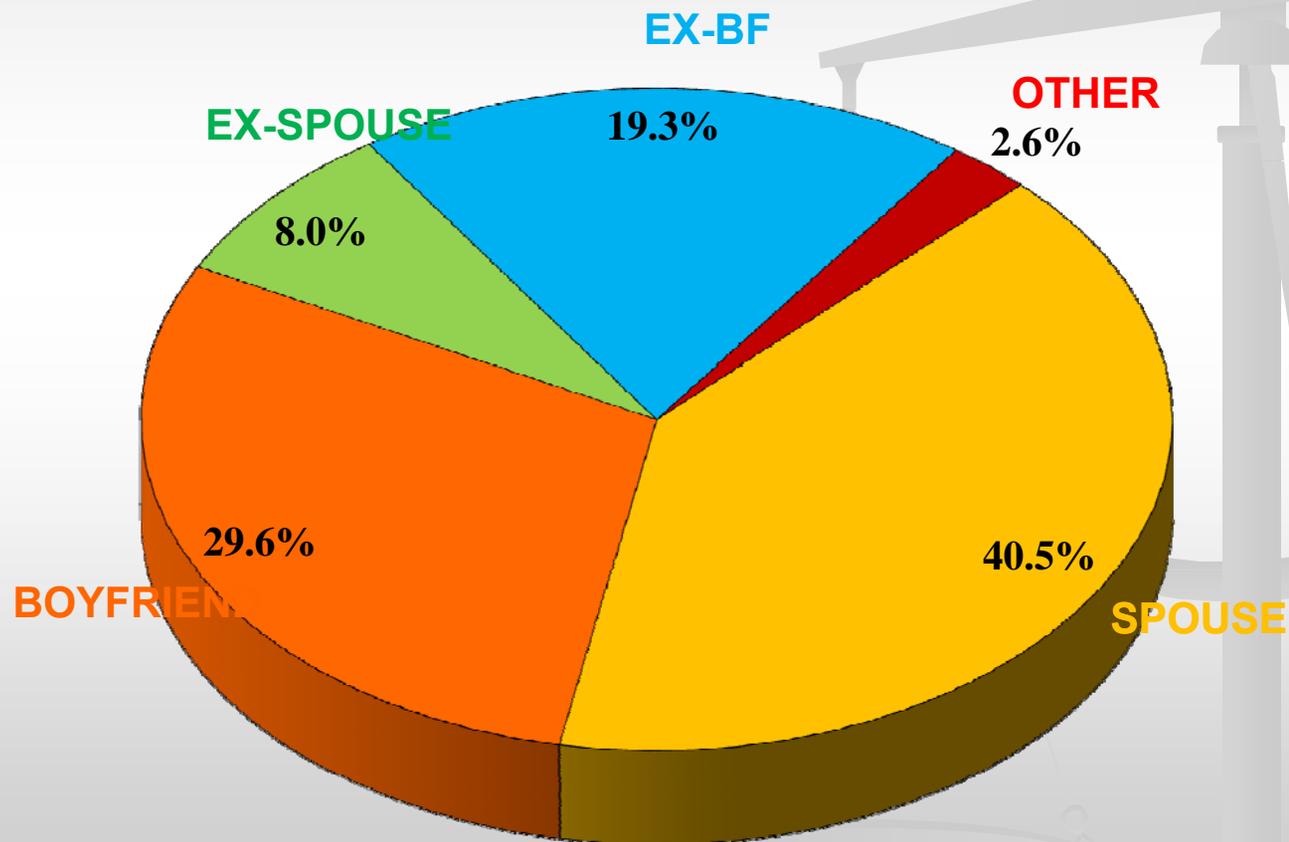
- Approximately 19% of IP homicides – children also killed (Websdale '99)
- For every one femicide, 8-9 attempted femicides
- Approximately 70% of cases where children – child either witnesses femicide or first to find the body
 - Less than 60% received any counseling & many only X1
 - Custody battles – 40% to mother's kin; 12% to father's (killer) kin; 5% split between mother's & father's; 14% to others –
 - "He killed my mommy" Lewandowski, Campbell et. al., *J of Family Violence* '04; Hardesty, Campbell et al '08. *J of Family Issues* '08
 - 8% of cases prior reported child abuse
- Plus women killed while pregnant – approximately 3% of femicide cases

National Death Reporting System

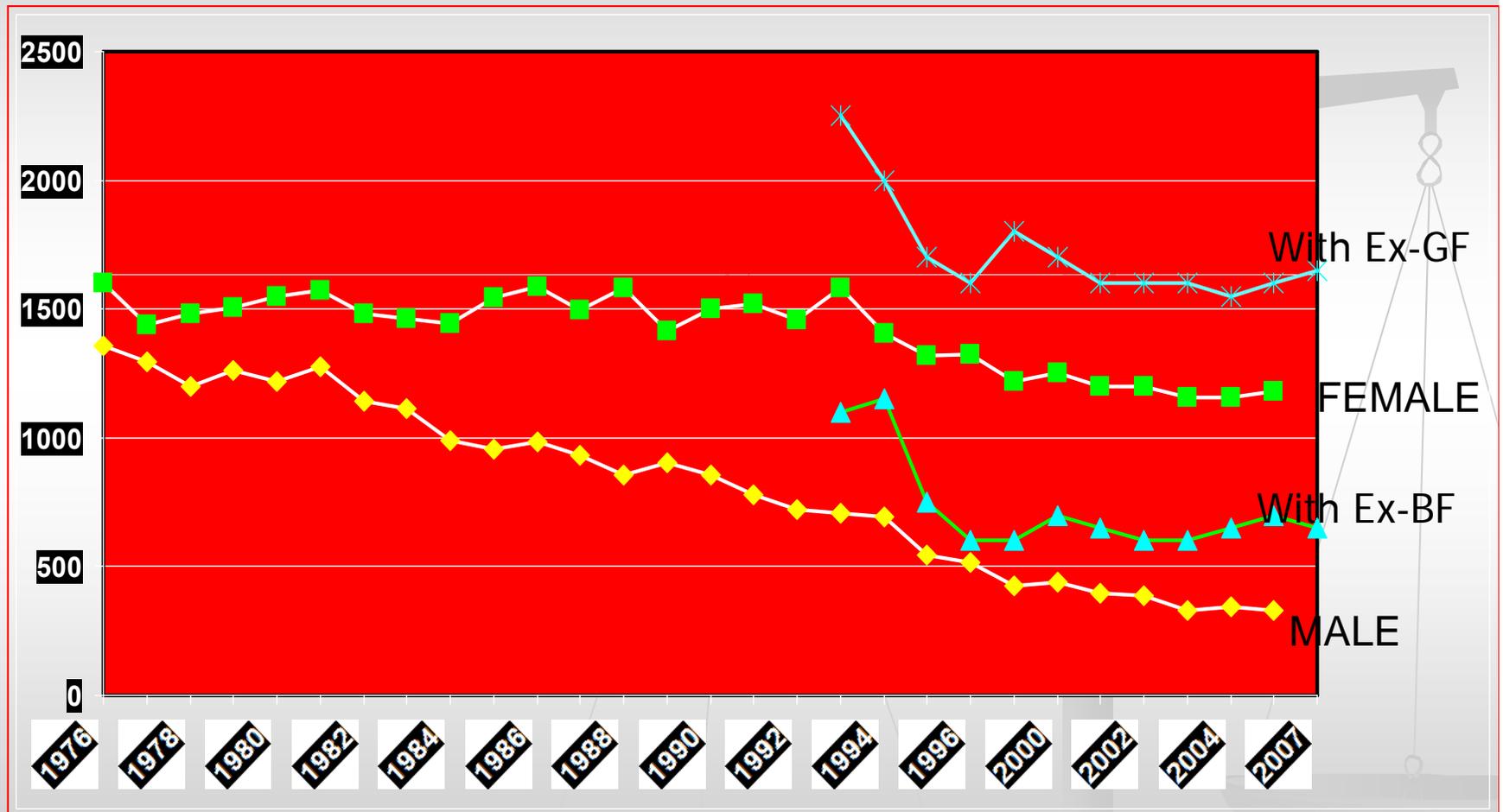
2003-09 (Logan et al '08; Smith, Fowler, Niolon '14)

- 17 states (OR, AK, NV, NM, OK, MI, WI, OH, CA, KY, NC, SC, GA, MD, MA, UT, RI, VA,) – 2903 IP Homicides – 77% female victim (n = 2235)
 - 54% overall guns used; 10.9% of females strangled
 - 849 male perpetrator killed self after (38%)
 - 460 incidents – Familicide
 - 91.4% Male perpetrator; 77% non hispanic white
 - 80% - (N = 380) male intimate partner killed wife, GF or ex & other family member, most often a child & often self - **88% gun used**
 - **N = 350 child (<17) killed (10% of femicides)**
 - **N = 133 child <11 yo killed**

INTIMATE PARTNER FEMICIDE BY PERPETRATOR IN TEN CITIES (N= 311)



U.S. INTIMATE PARTNER HOMICIDE RATE DECLINE 1976-07 FBI (SHR, 1976-02; BJS '05, '09)



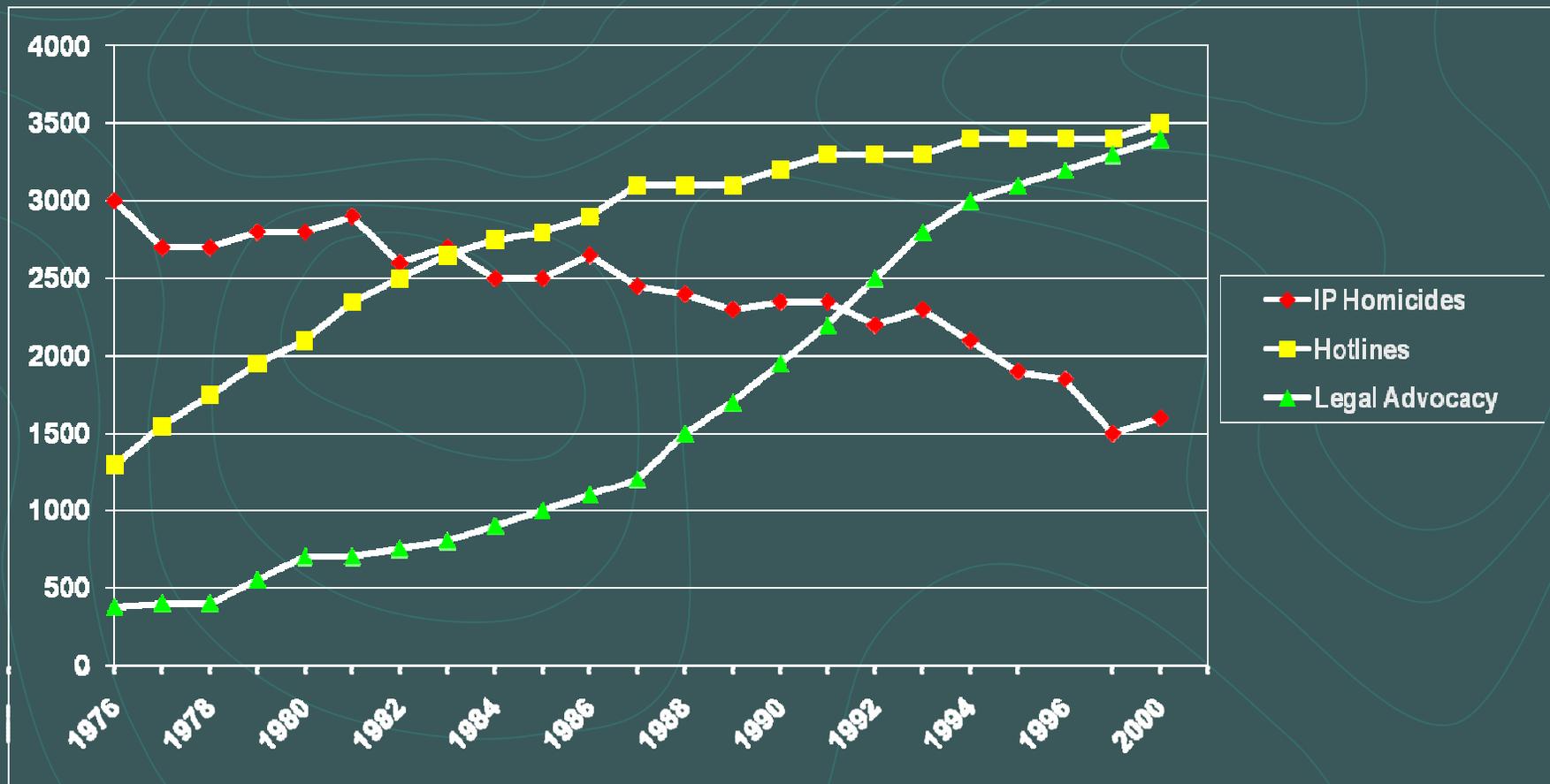
1993 – first including ex-BF/ex-GF – Catalano, Snyder & Rand BJS
'09 – adds approx 600 IP femicides per year; 250 IP males killed

Decline in Intimate Partner Homicide and Femicide

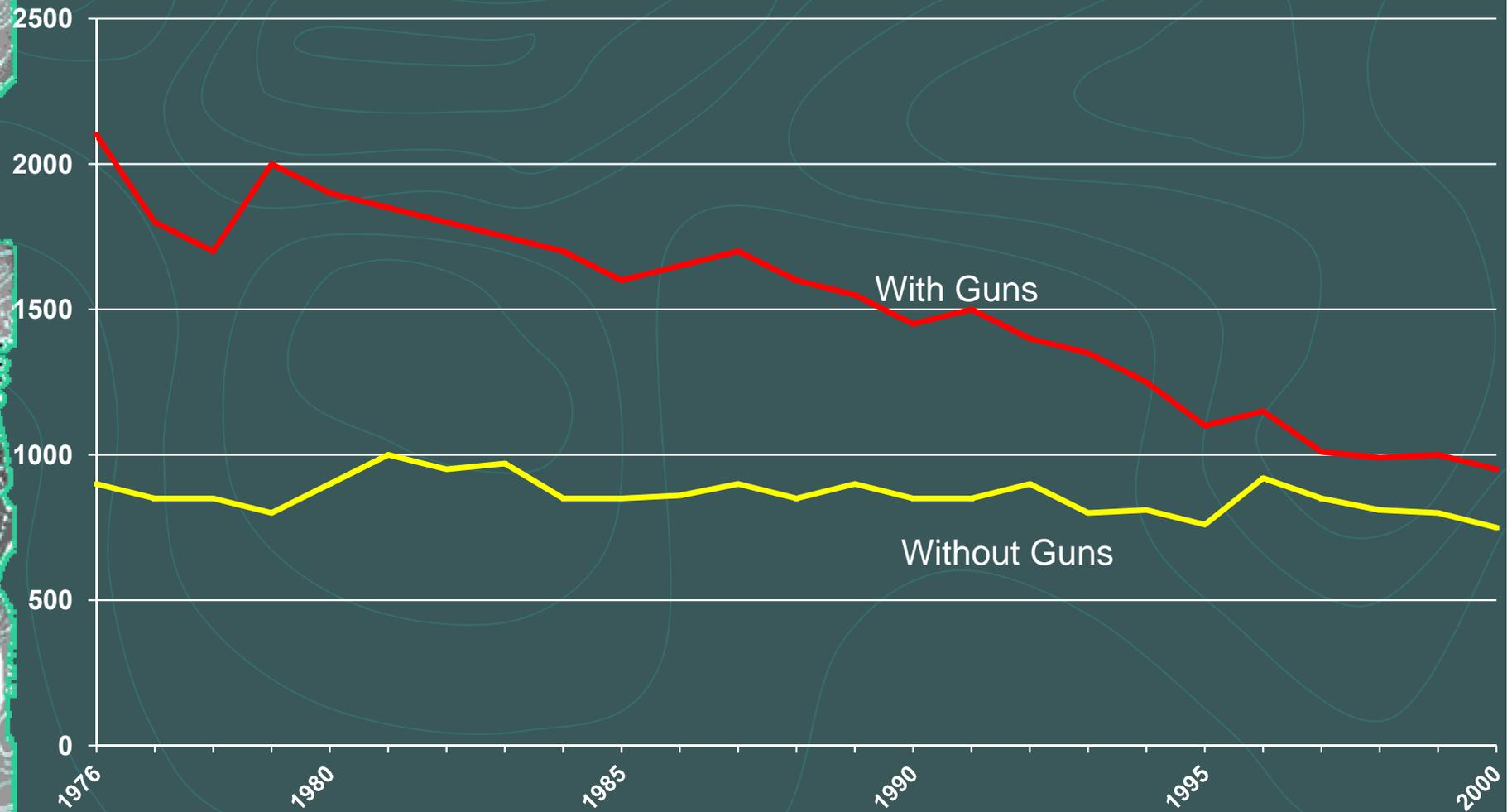
- Improved Domestic Violence Laws and Resources –especially for men being killed
- Improved income for women
- Gun availability decline (Wilt '97; Block '95; Kellerman '93, '97- gun increases risk X3) –
 - in states where purchase restrictions in place – where OP's into federal data base – AND OP possession prohibition – decrease in femicide & firearm femicide of 12-13% (overall IPH decrease by 10%) Mercy & Vigdor -Evaluation Review '06)
 - Implementation challenges

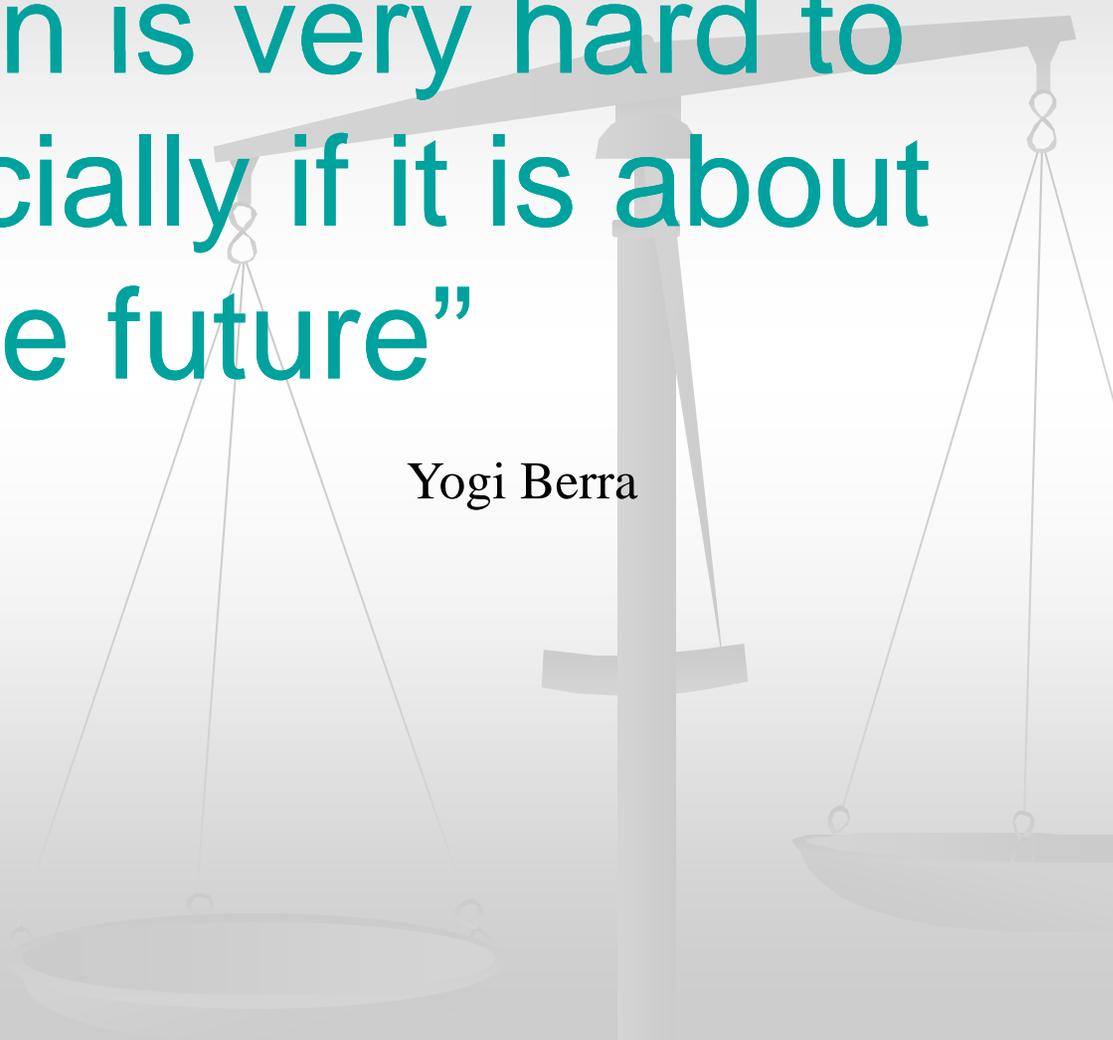
U.S. INTIMATE PARTNER HOMICIDE RATES & DOMESTIC VIOLENCE SERVICES 1976-9

(Resources per 50 million - Dugan, Nagin & Rosenfeld '03)



INTIMATE PARTNER HOMICIDE: KILLED BY GUNS US '76-'05 (SHR) (>2/3 of intimates)



A faint, light gray background image of a balance scale. The scale is centered vertically and horizontally. It has a central vertical pillar with a horizontal beam across the top. Two pans are suspended from the beam by thin wires. The scale is slightly tilted, with the right side being higher than the left side. The overall image is semi-transparent, allowing the text to be clearly visible over it.

“Prediction is very hard to do - especially if it is about the future”

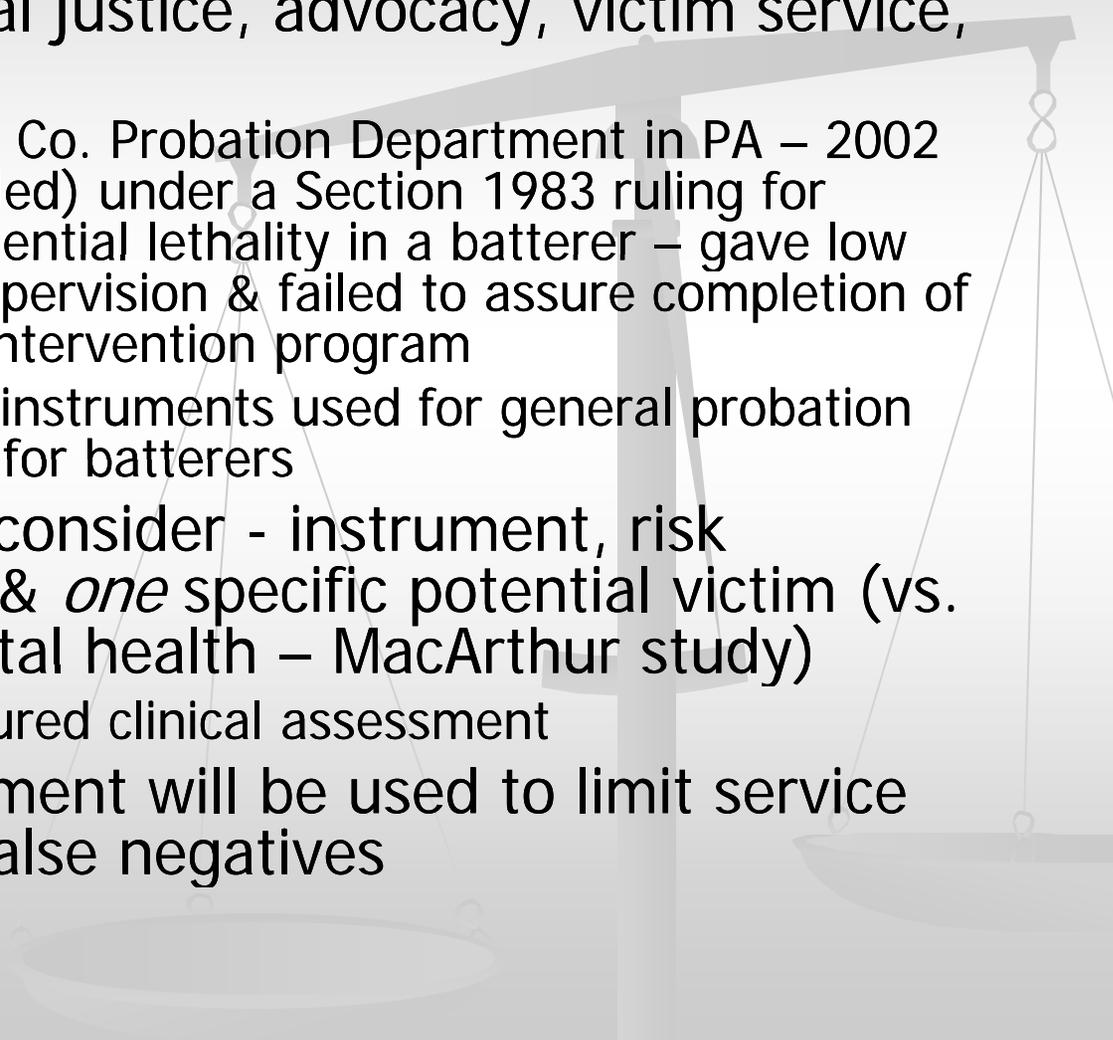
Yogi Berra

DANGER ASSESSMENT (Campbell '86)

www.dangerassessment.org

- Developed in 1985 to increase battered women's ability to take care of themselves (Self Care Agency; Orem '81, 92) – original DA used with 10 samples of 2251 battered women to establish preliminary reliability & validity
- Interactive, uses calendar - aids recall plus women come to own conclusions - more persuasive & in adult learner/ strong woman/ survivor model
 - "You actually see your own roller coaster ride; it was on the calendar." (Woman in shelter in Alberta, CA)

Overview of Issues

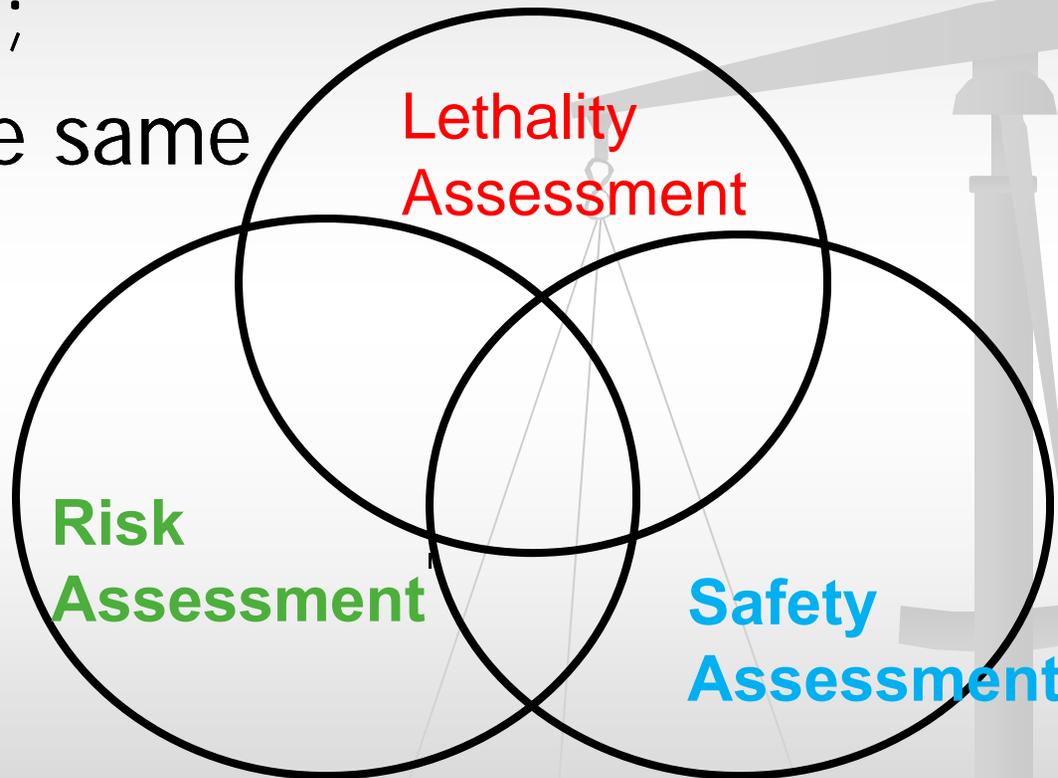


- High demand for both lethality & reoffending risk assessment by criminal justice, advocacy, victim service, & health systems
 - Petrone vs. Pike – Pike Co. Probation Department in PA – 2002 successfully sued (settled) under a Section 1983 ruling for failing to recognize potential lethality in a batterer – gave low level – phone only - supervision & failed to assure completion of an adequate batterer intervention program
 - Other risk assessment instruments used for general probation purposes not accurate for batterers
- 4 interacting parts to consider - instrument, risk assessor, perpetrator & *one* specific potential victim (vs. sexual assault or mental health – MacArthur study)
 - Actuarial versus structured clinical assessment
- Fears that risk assessment will be used to limit service to victims & fears of false negatives

Overlapping Concerns

Similar;

Not the same



Risk Prediction 4 Quadrant Model (Webster et. al. '94)

(A) TRUE POSITIVES
Predicted violence,
Violent outcomes
Sensitivity

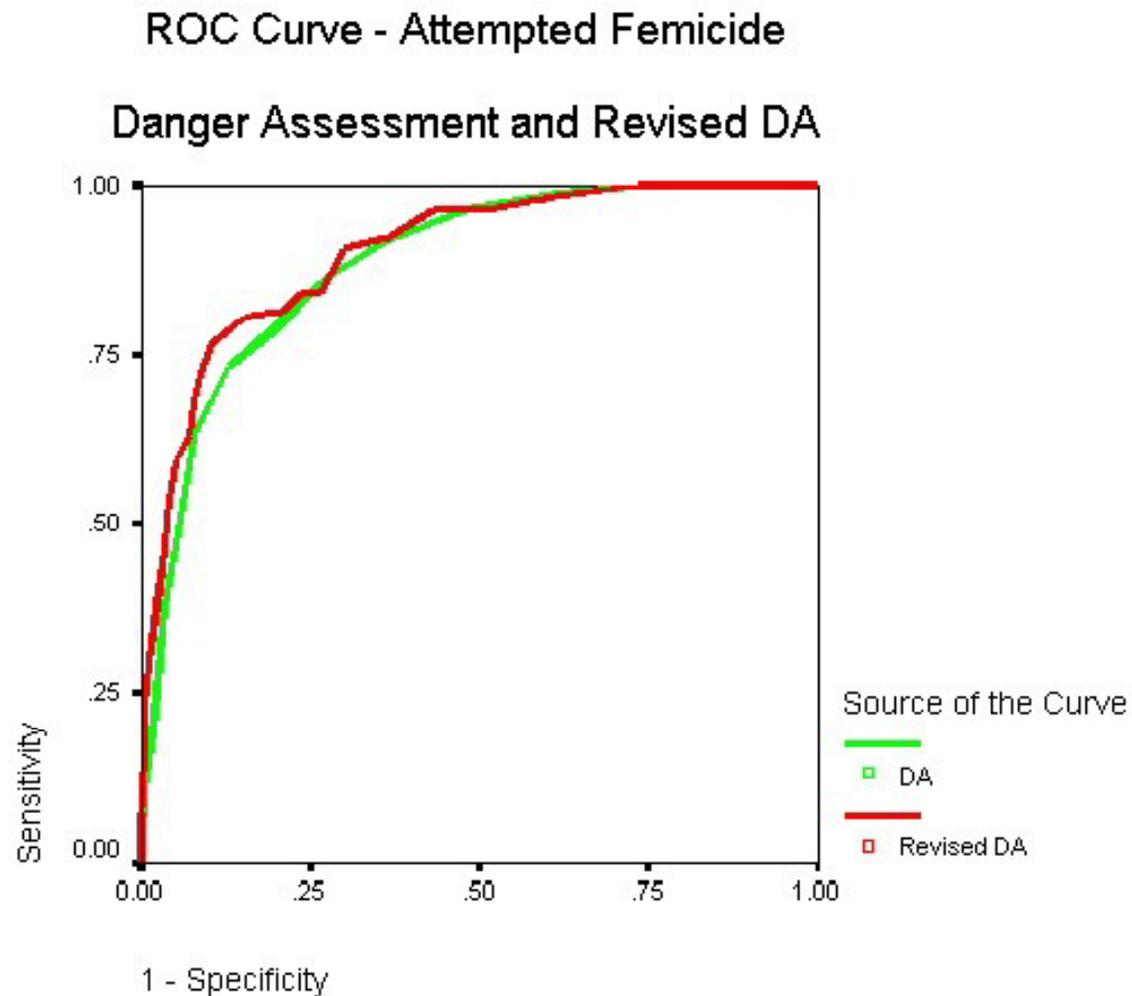
(B) FALSE POSITIVES
Predicted violence
No violent outcomes

(C) FALSE NEGATIVES
No violence predicted,
Violence occurs

(D) TRUE NEGATIVES
No violence predicted,
No violence occurs
Specificity

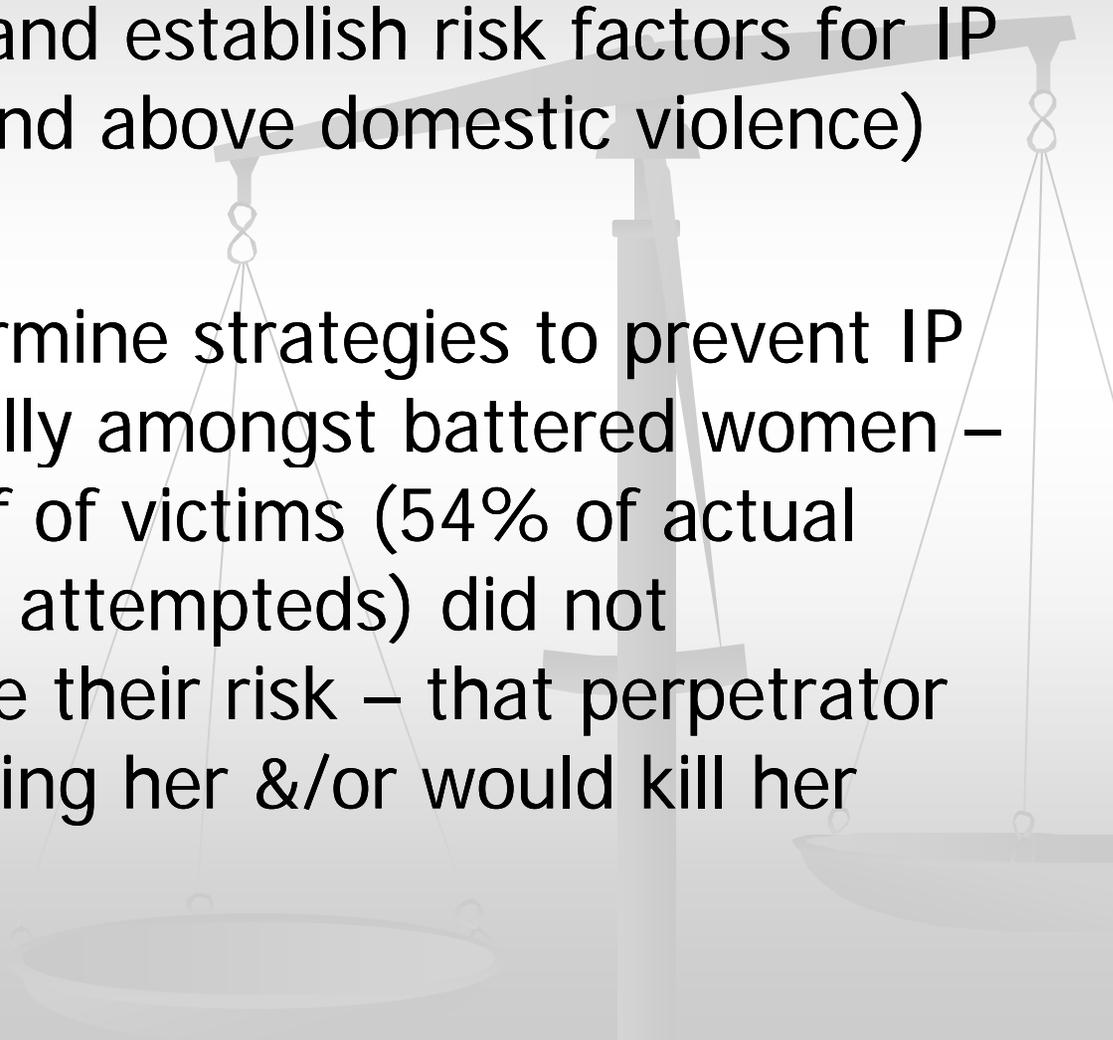


ROC Curve Analysis – 92% under the curve for Attempted Femicides; 90% for actuals



Diagonal segments are produced by ties.

Femicide Risk Study



Purpose: Identify and establish risk factors for IP femicide – (over and above domestic violence)

Significance: Determine strategies to prevent IP femicide – especially amongst battered women – Approximately half of victims (54% of actual femicides; 45% of attempted) did not accurately perceive their risk – that perpetrator was capable of killing her &/or would kill her

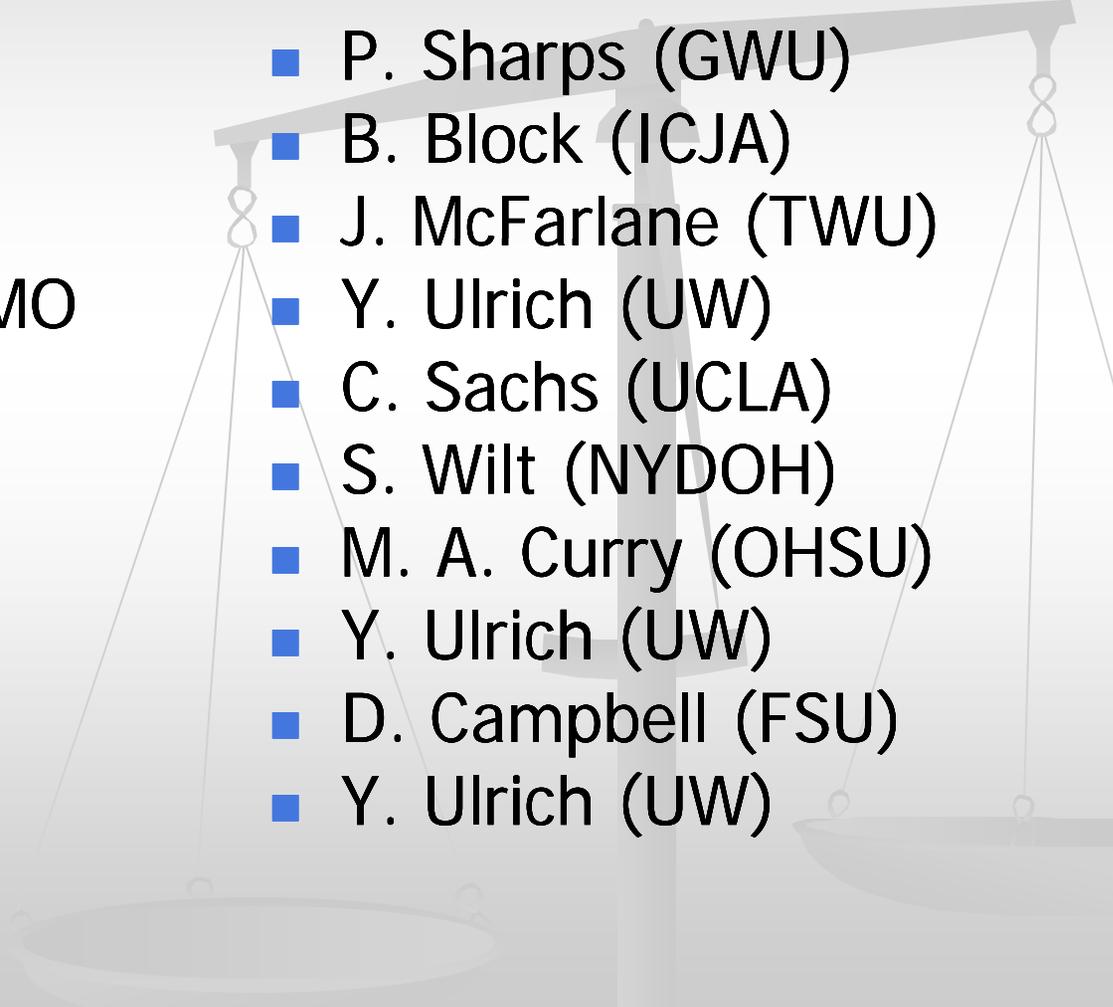
RISK FACTORS FOR INTIMATE PARTNER FEMICIDE: RESEARCH TEAM

(Funded by: NIDA/NIAA, NIMH, CDC, NIJ VAWA R01 DA/AA1156)

- R. Block, PhD (ICJA)
- D. Campbell, PhD, RN (FSU)
- J. McFarlane, DrPH, RN (TWU)
- C. Sachs MD, MPH (UCLA)
- P. Sharps, PhD, RN (GWU)
- Y. Ulrich, PhD, RN (UW)
- S. Wilt, PhD (NYC DOH)
- F. Gary, PhD, RN (UFI)
- M.A. Curry PhD, RN (OHSU)
- N. Glass, PhD, RN (OHSU)
- J. Koziol-McLain, PhD, RN (JHU)
- J. Schollenberger MPH (JHU)
- A. Kellerman, MD, MPH (Emory)
- X. Xu, MSN (JHU)
- Kathryn Chouaf, MSN (JHU)

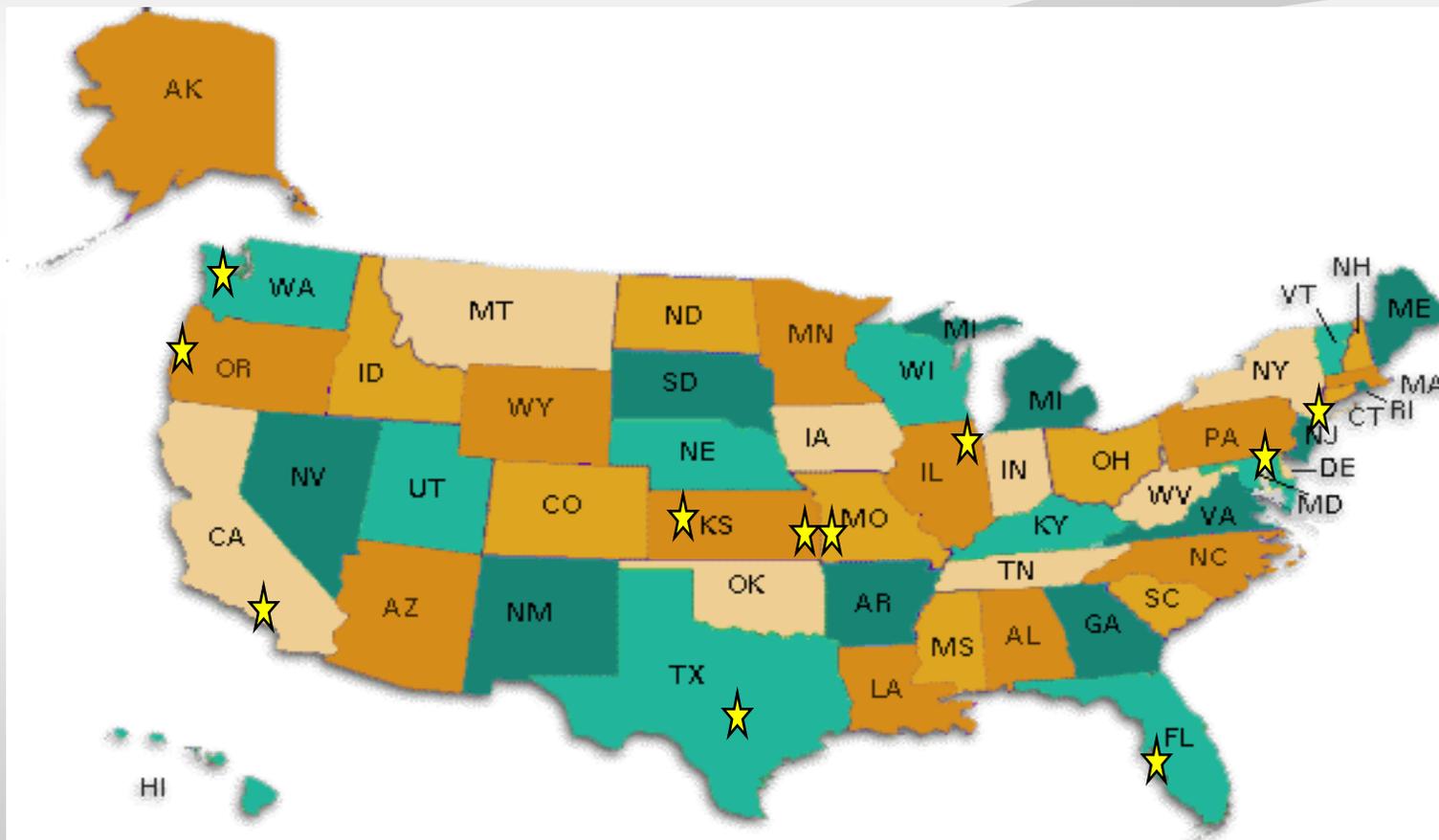
RISK FACTORS FOR INTIMATE PARTNER FEMICIDE: CITIES AND CO-INVESTIGATORS

(Funded by: NIDA/NIAA, NIMH, CDC, NIJ VAWA R01 DA/AA1156)

- 
- Baltimore
 - Chicago
 - Houston
 - Kansas City, KA&MO
 - Los Angeles
 - New York
 - Portland, OR
 - Seattle, WA
 - Tampa/St. Pete
 - Wichita, KA
 - P. Sharps (GWU)
 - B. Block (ICJA)
 - J. McFarlane (TWU)
 - Y. Ulrich (UW)
 - C. Sachs (UCLA)
 - S. Wilt (NYDOH)
 - M. A. Curry (OHSU)
 - Y. Ulrich (UW)
 - D. Campbell (FSU)
 - Y. Ulrich (UW)

RISK FACTORS FOR INTIMATE PARTNER FEMICIDE: 11 CITIES

(Funded by: NIDA/NIAAA, NIMH, CDC, NIJ VAWA R01 DA/AA1156)



Case Control Design

• **CASES** - women who are killed by their intimate partners

• **CONTROLS** - women who are physically abused by their intimate partners

• (second set of nonabused controls – for later analysis)

Data Source

Police Homicide Files
Proxy informants

Women themselves

Addition of Attempted Femicides

● **CASES** - women who are killed by their intimate partners

● **CONTROLS** - women who are physically abused by their intimate partners

● **CASES** - women who are ALMOST killed by their intimate partners

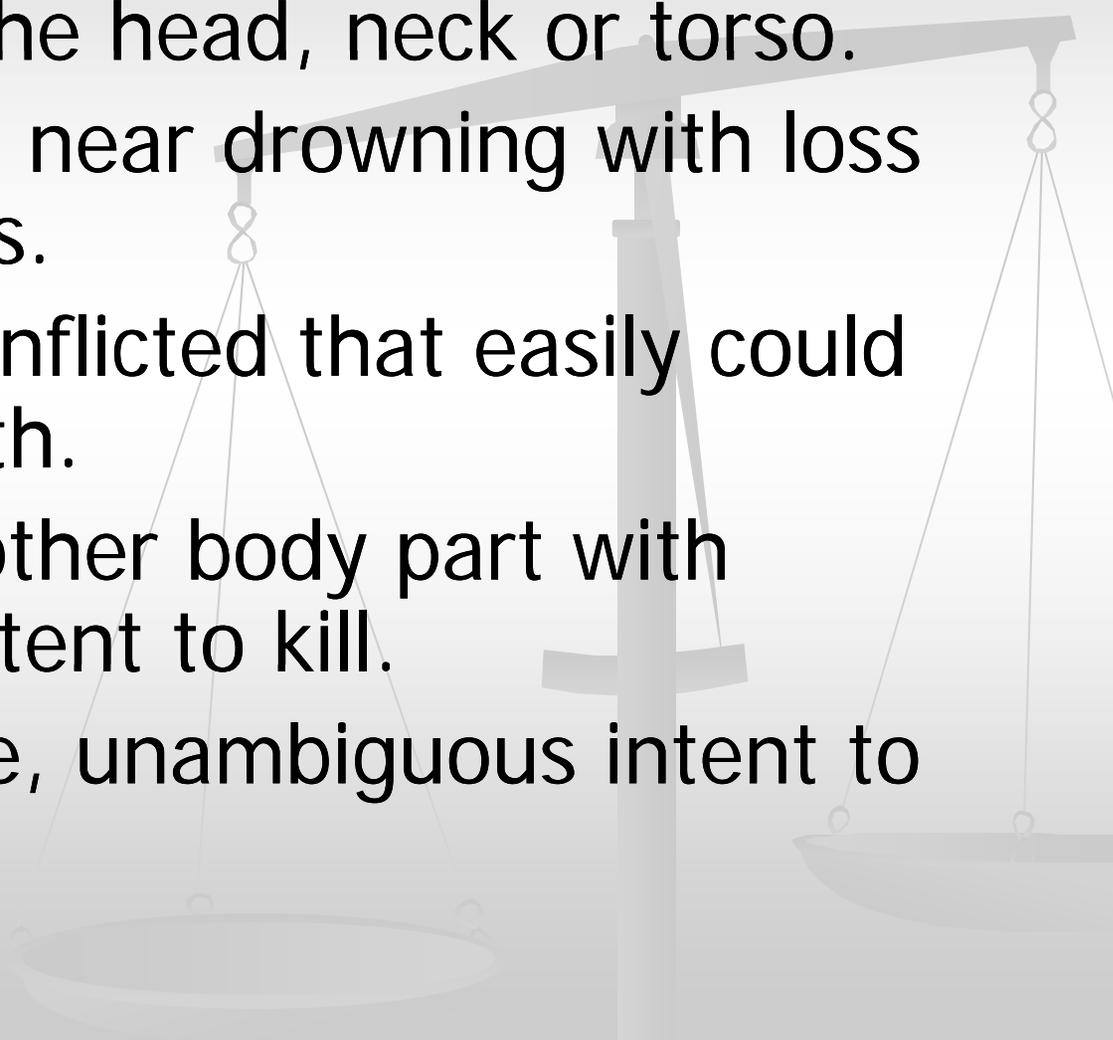
Data Source

Police Homicide files
Proxy informants

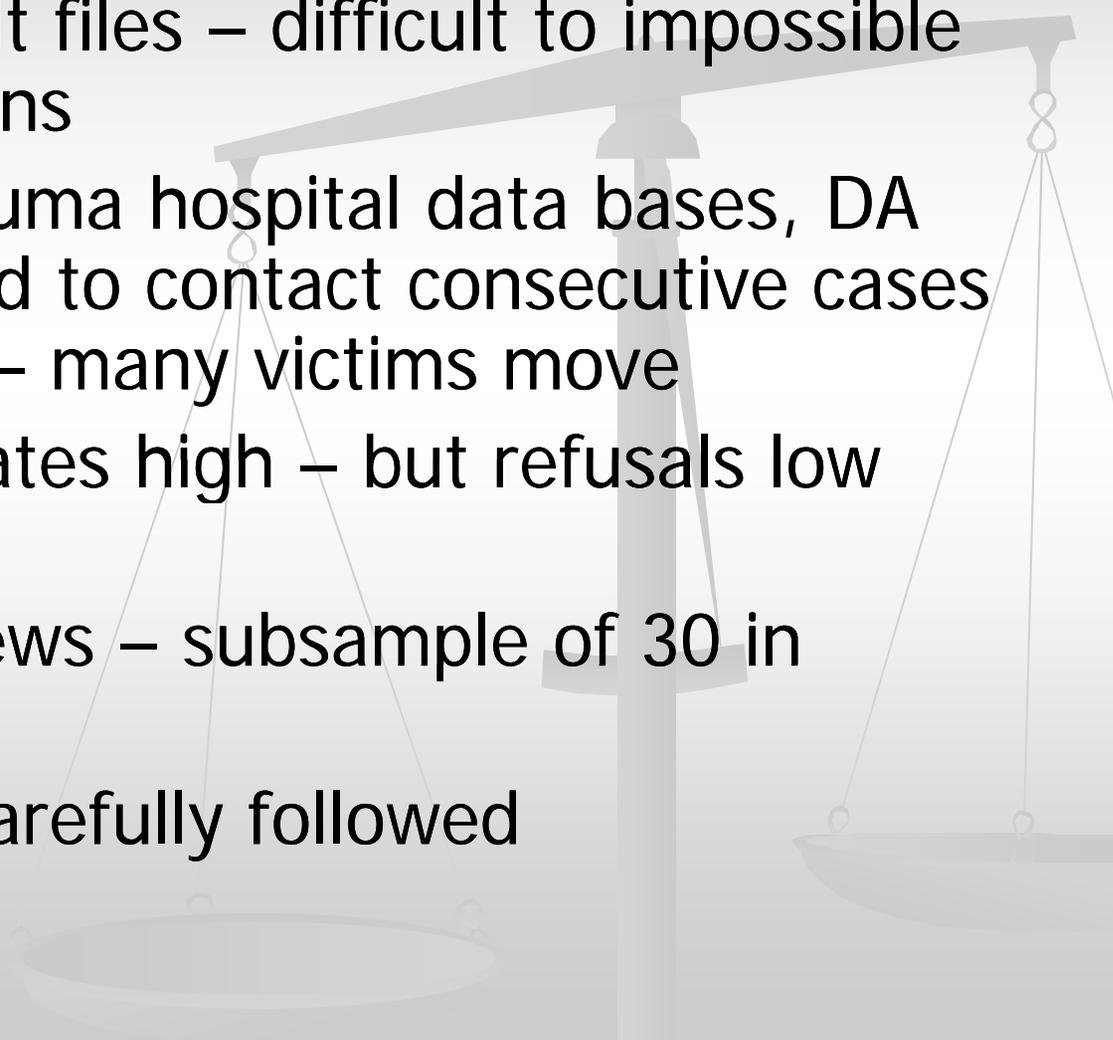
Women themselves

Women themselves –
to address issue of
validity of proxy
information

Definition: Attempted Femicide

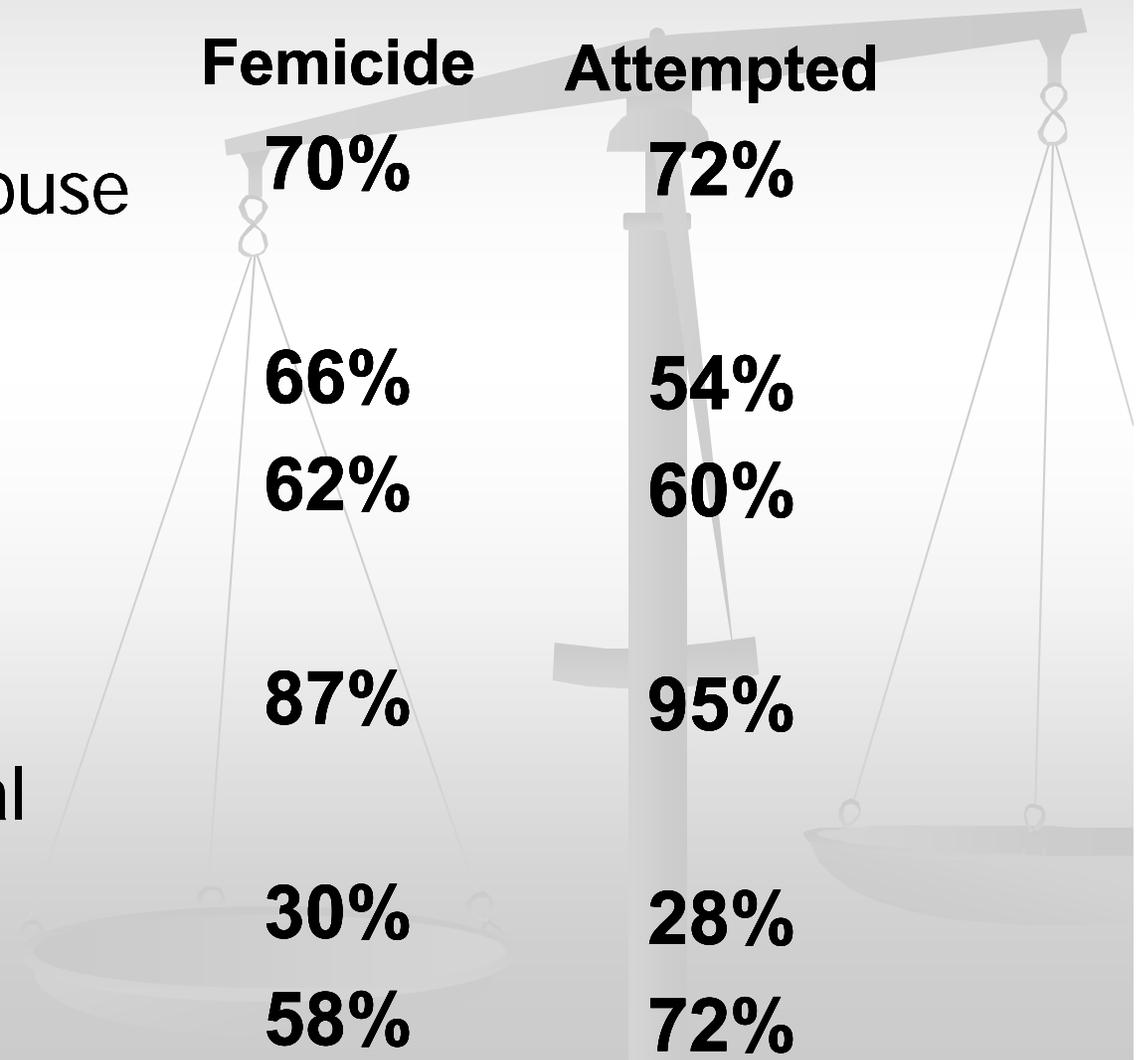
- GSW or SW to the head, neck or torso.
 - Strangulation or near drowning with loss of consciousness.
 - Severe injuries inflicted that easily could have led to death.
 - GSW or SW to other body part with unambiguous intent to kill.
 - If none of above, unambiguous intent to kill.
- 

Recruitment of Attempted Femicides

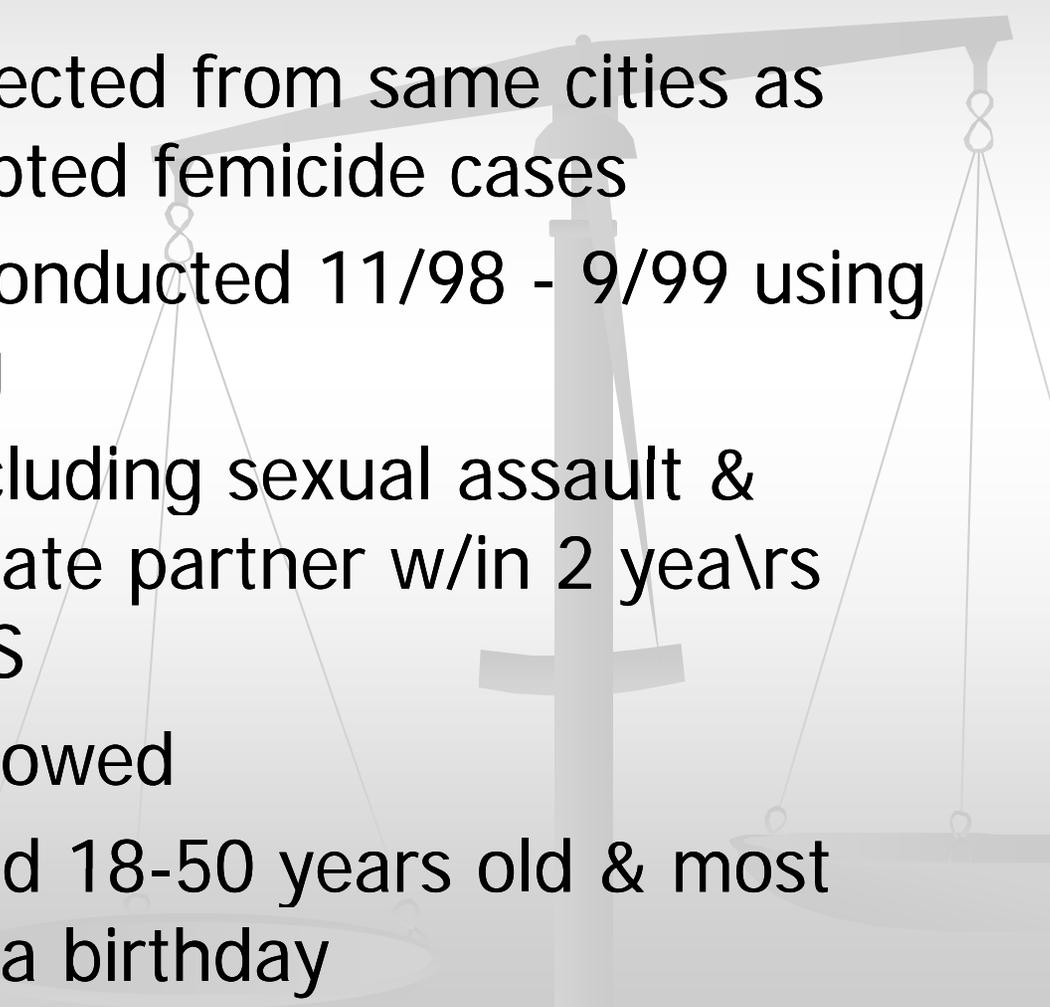
- From police assault files – difficult to impossible in many jurisdictions
 - From shelters, trauma hospital data bases, DA offices – attempted to contact consecutive cases wherever located – many victims move
 - Failure to locate rates high – but refusals low (less than 10%)
 - Telephone interviews – subsample of 30 in depth
 - Safety protocols carefully followed
- 

PRIOR PHYSICAL ABUSE & STALKING EXPERIENCED ONE YEAR PRIOR TO FEMICIDE (N=311) & ATTEMPTED FEMICIDE (N=182)

- Prior physical abuse
 - Increased in frequency
 - Increased in severity
 - Stalked
- No prior physical abuse
 - Stalked



Intimate Partner Abused Controls (N = 350)

- Random sample selected from same cities as femicide and attempted femicide cases
 - Telephone survey conducted 11/98 - 9/99 using random digit dialing
 - Women abused (including sexual assault & threats) by an intimate partner w/in 2 years prior – modified CTS
 - Safety protocols followed
 - Women in household 18-50 years old & most recently celebrated a birthday
- 

Sample – (only those cases with prior physical abuse or threats)

● *FEMICIDE CASES*

Number

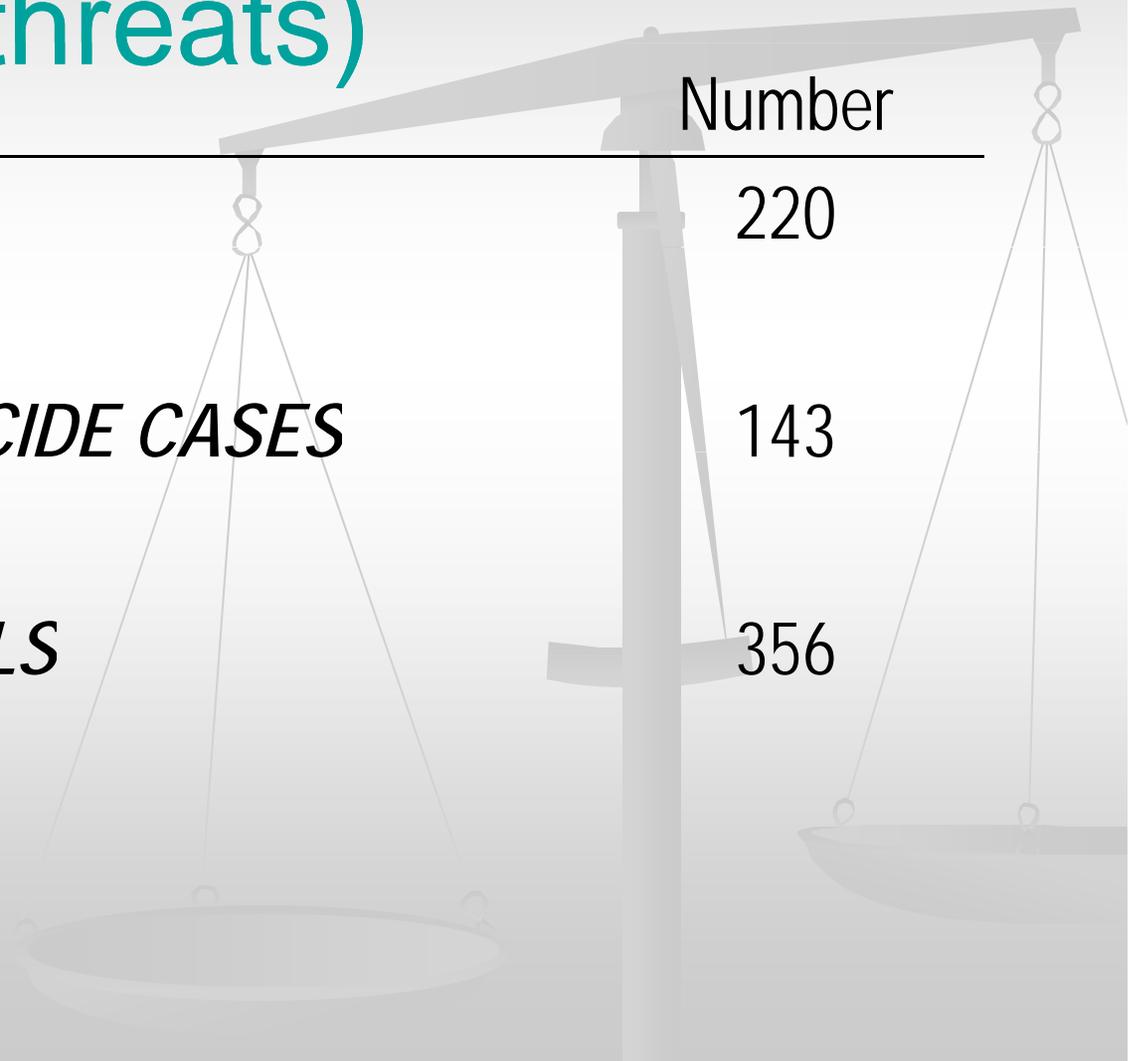
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● *ATTEMPTED FEMICIDE CASES*

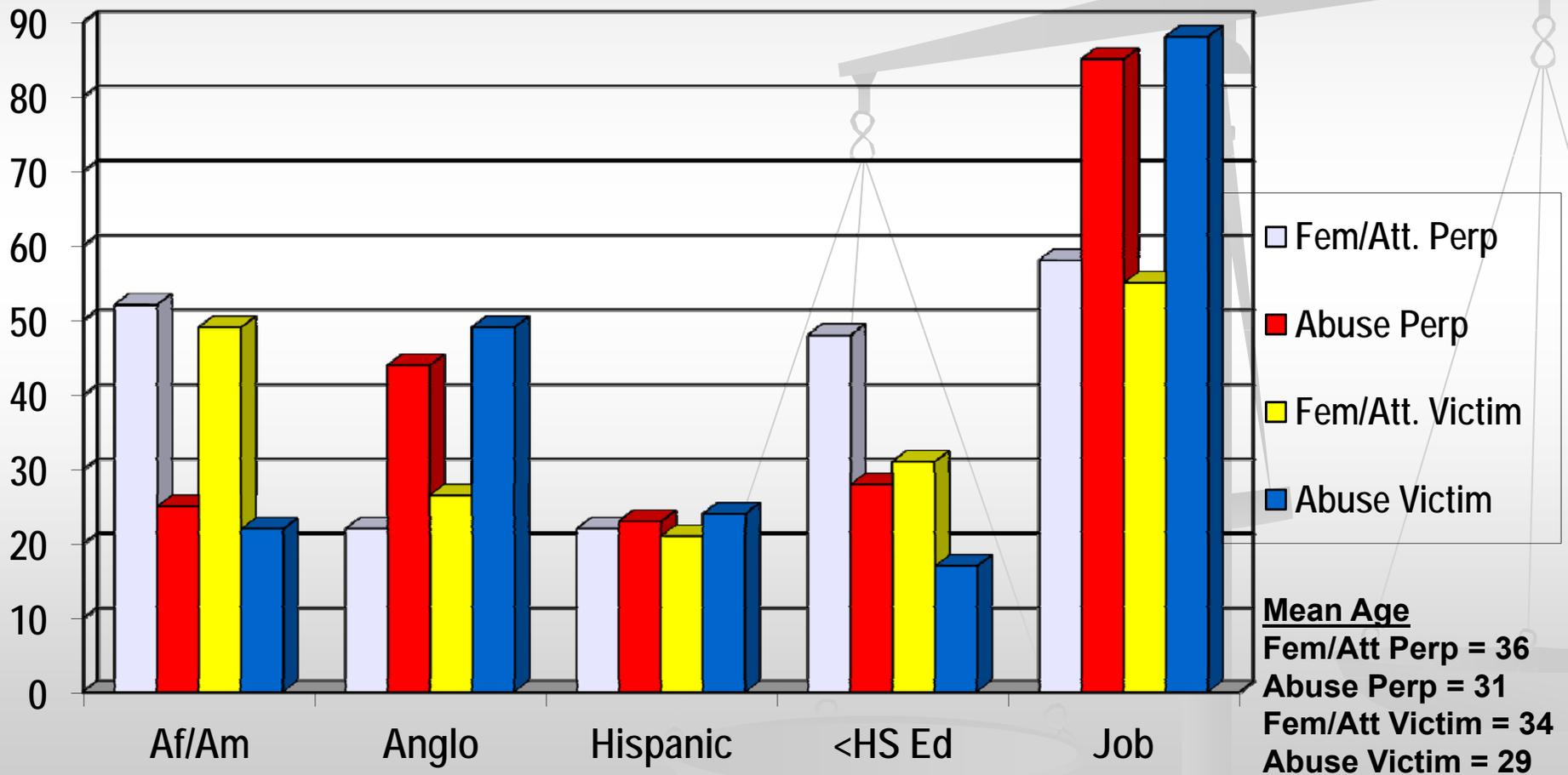
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● *ABUSED CONTROLS*

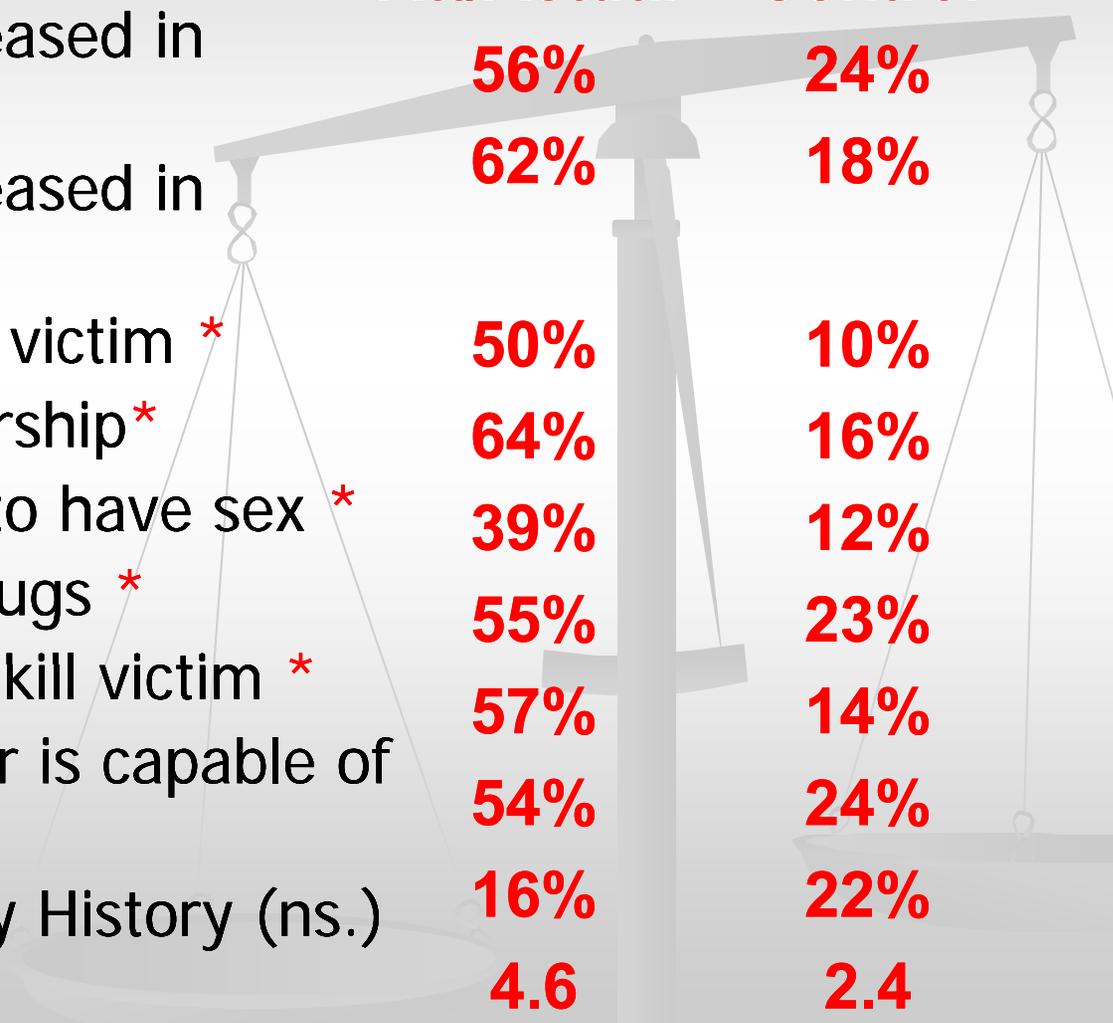
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Sociodemographic comparisons

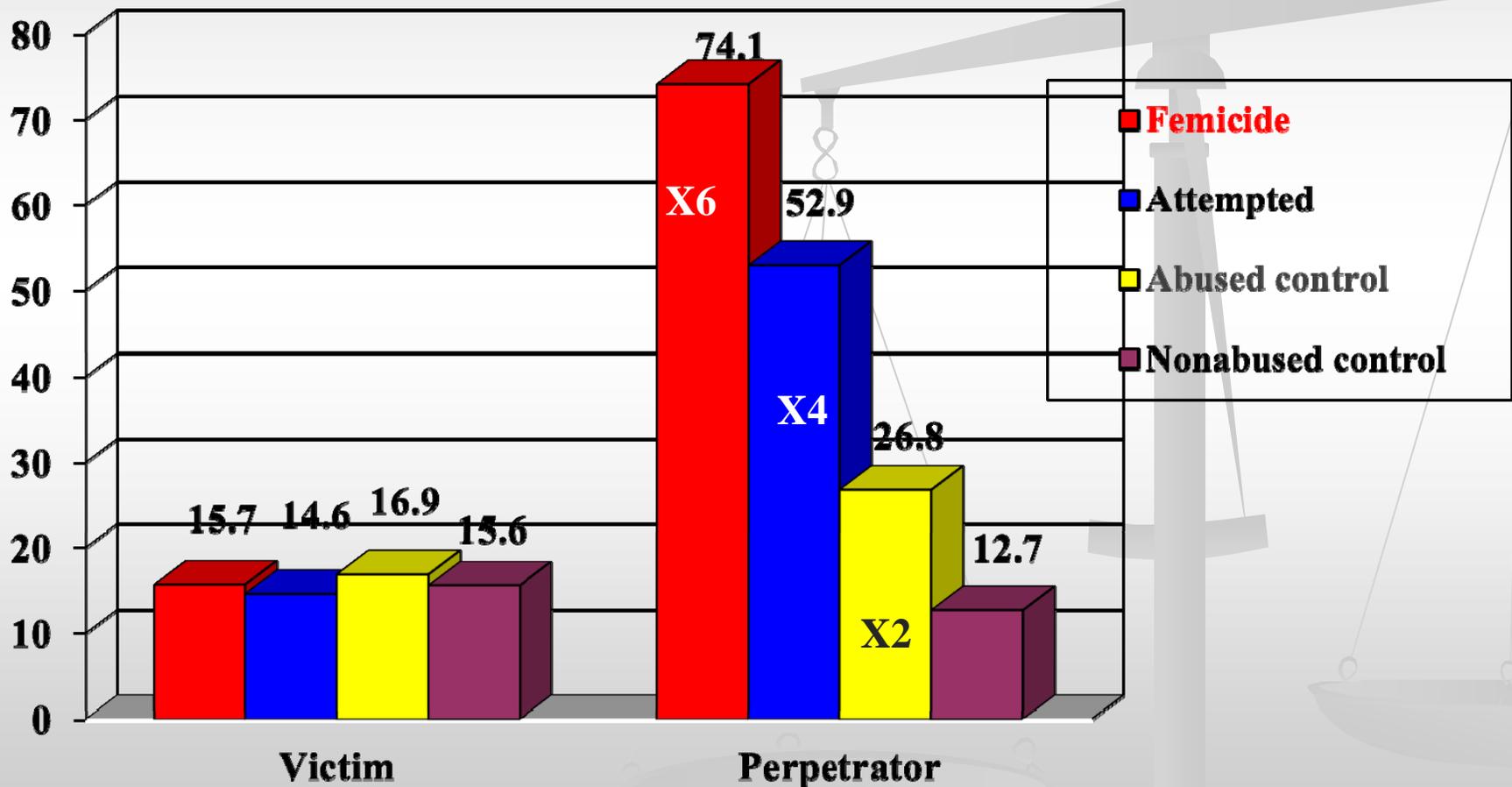


DANGER ASSESSMENT ITEMS COMPARING ACTUAL & ATTEMPTED FEMICIDE SURVIVORS (N=493) & ABUSED (WITHIN PAST 24 MONTHS) CONTROLS (N=427) (*p < .05)



	Att/Actual	Control
■ Physical violence increased in frequency*	56%	24%
■ Physical violence increased in severity *	62%	18%
■ Partner tried to choke victim *	50%	10%
■ Perpetrator gun ownership*	64%	16%
■ Partner forced victim to have sex *	39%	12%
■ Partner used street drugs *	55%	23%
■ Partner threatened to kill victim *	57%	14%
■ Victim believes partner is capable of killing her *	54%	24%
■ Perpetrator AD Military History (ns.)	16%	22%
■ Stalking score*	4.6	2.4

VICTIM & PERPETRATOR OWNERSHIP OF WEAPON IN FEMICIDE (N = 311), ATTEMPTED FEMICIDE (N = 182), ABUSED CONTROL (N=427) & NON-ABUSED CONTROL (N=418) CASES



$\chi^2=125.6, P< .0001$

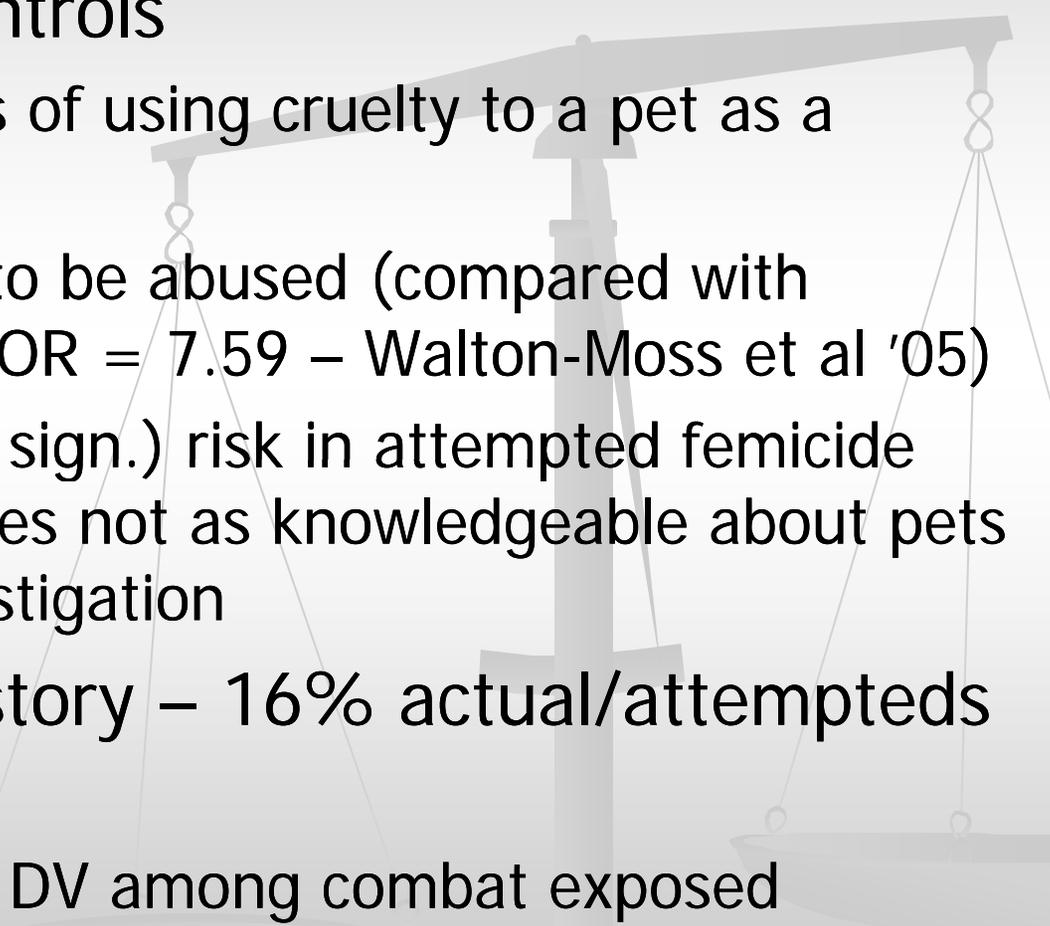
Arrest, Protective Orders & Weapon Use

- 48 (33.6% of 156) of attempted were shot
 - 15 of the 45 (33.3%) with data - perpetrator either had prior DV arrest or PO at the time of the incident
- 91 of 159 (57.3%) femicides that had weapon information were shot
 - Of 74 with data, 27 (36.5%) had a prior DV arrest or had a restraining order at the time of the incident
- According to federal legislation – these men should NOT have had possession of a gun

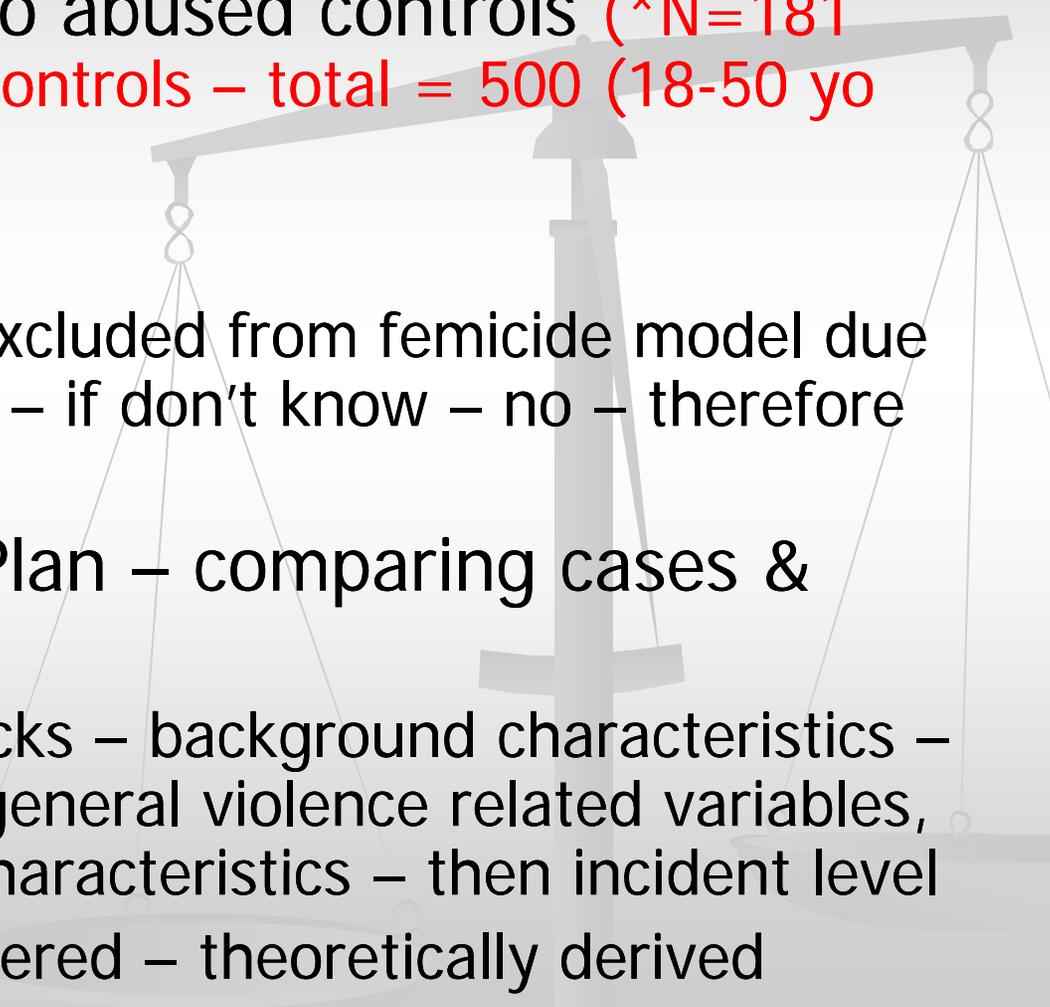
DANGER ASSESSMENT ITEMS COMPARING ACTUAL & ATTEMPTED FEMICIDE SURVIVORS (N=493) & ABUSED (WITHIN PAST 24 MONTHS) CONTROLS (N=427) (*p < .05)

	Att/Actual	Control
■ Partner is drunk every day *	42%	12%
■ Partner controls all victim's activities *	60%	32%
■ Partner beat victim while pregnant *	36%	7.7%
■ Partner is violently jealous of victim (says things like "If I can't have you, no one can") *	79%	32%
■ Victim threatened/trying to commit suicide	7%	9%
■ Partner threatened/trying to commit suicide *	39%	19%
■ Partner is violent toward victim's children *	9%	3%
■ Partner is violent outside house *	49%	38%
■ Partner arrested for DV* (<i>not criminality</i>)	27%	15%
■ Partner hurt a pet on purpose	10.1%	8.5%

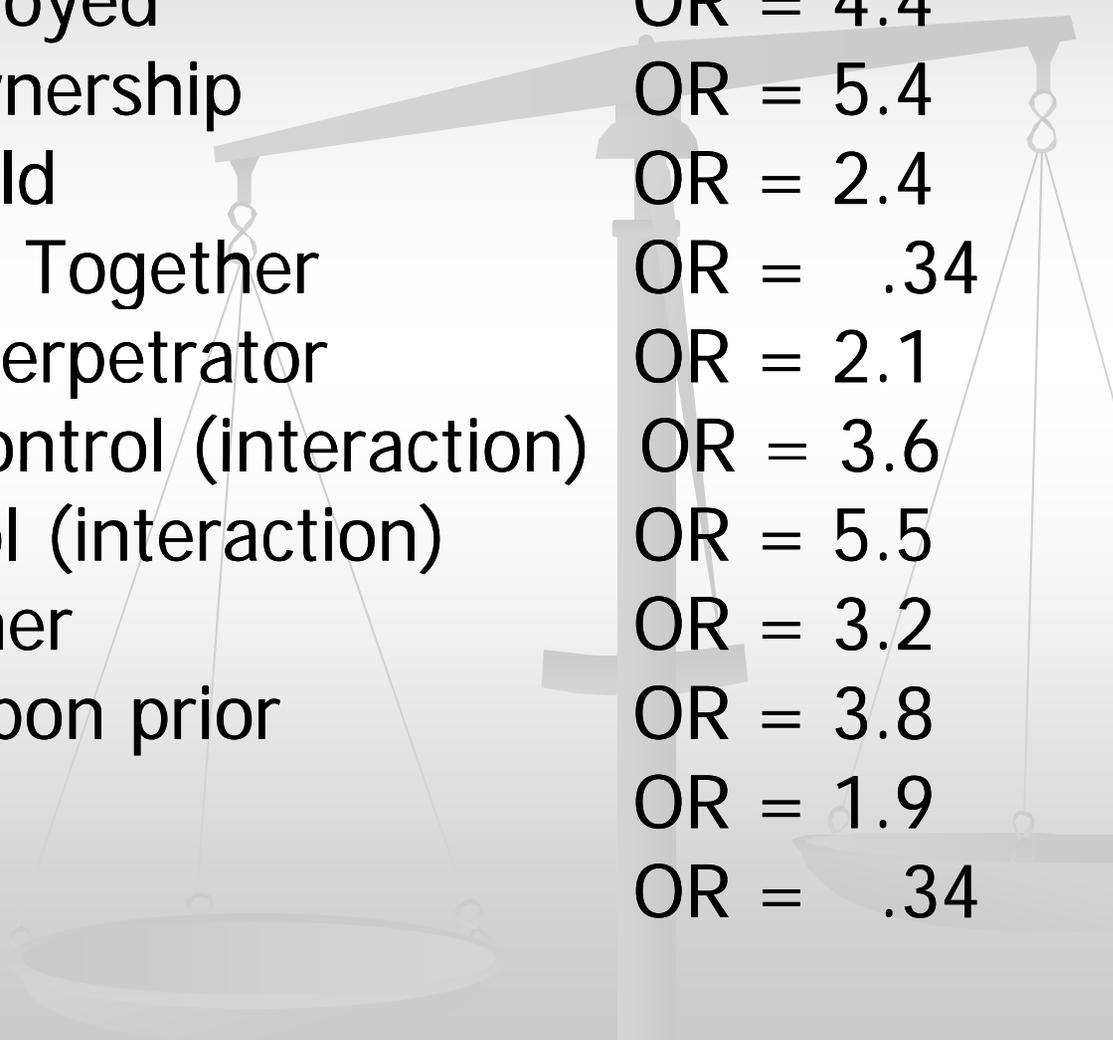
Nonsignificant Variables of note

- Hurting a pet on purpose -10% of attempted/actual victims vs. 8.5% of controls
 - BUT – some clear cases of using cruelty to a pet as a threat to kill
 - WAS a risk for women to be abused (compared with nonabused controls) (AOR = 7.59 – Walton-Moss et al '05)
 - AND more (but still not sign.) risk in attempted femicide sample – perhaps proxies not as knowledgeable about pets – warrants further investigation
 - Perpetrator military history – 16% actual/attempteds vs. 22% of controls
 - Relationship of PTSD & DV among combat exposed veterans – hypervigilance – need Tx for both – Taft “Strength at Home” – effectiveness shown for IPV & PTSD
- 

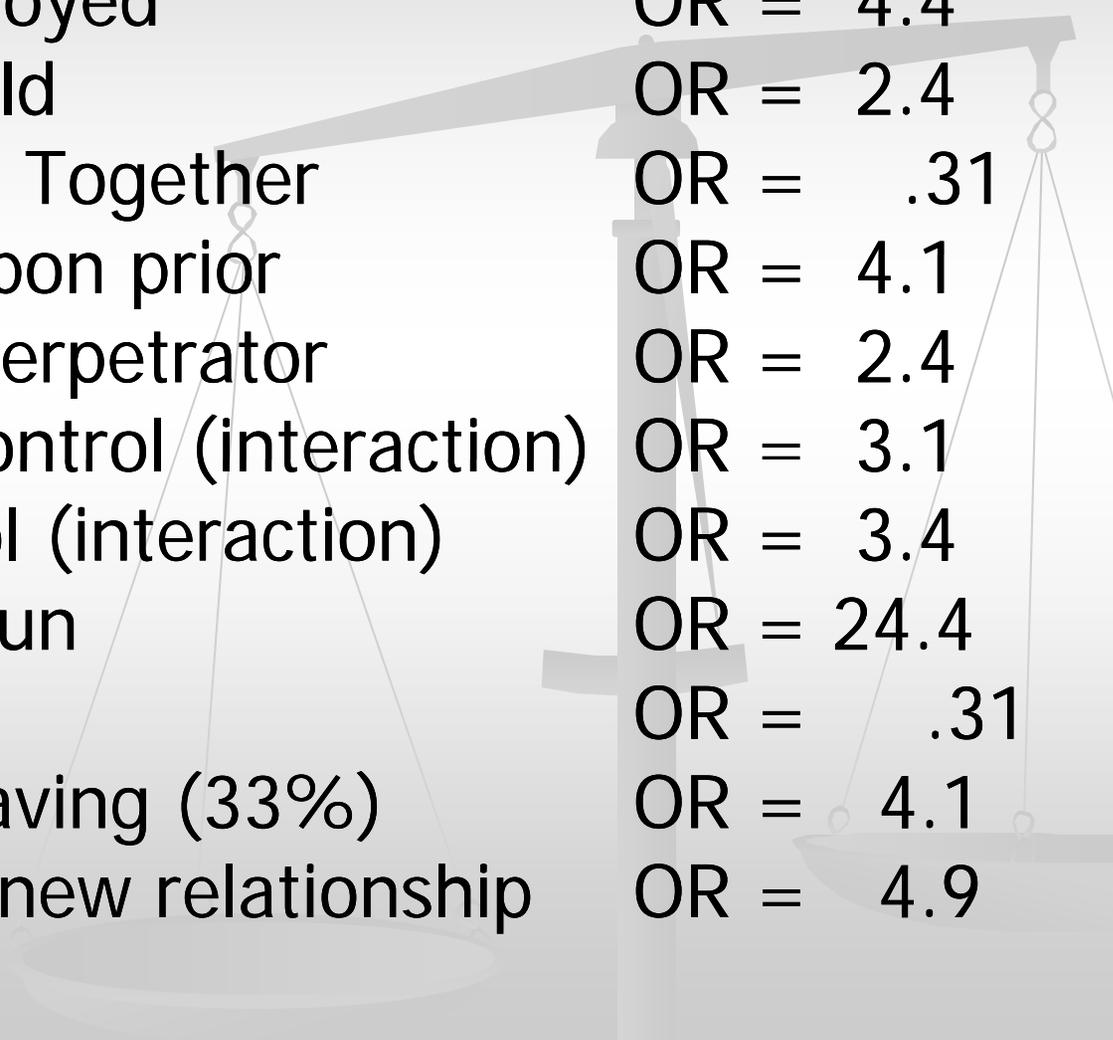
Risk Models

- Femicides with abuse history only (violence & threats) compared to abused controls (*N=181 femicides; 319 abused controls – total = 500 (18-50 yo only))
 - Missing variables
 - variables had to be excluded from femicide model due to missing responses – if don't know – no – therefore underestimate risk
 - Logistic Regression Plan – comparing cases & controls
 - Model variable in blocks – background characteristics – individual & couple, general violence related variables, violent relationship characteristics – then incident level
 - Interaction terms entered – theoretically derived
- 

Significant ($p < .05$) Variables (Entered into Blocks) before Incident (overall fit = 85% correct classification)

- 
- Perpetrator unemployed OR = 4.4
 - Perpetrator gun ownership OR = 5.4
 - Perpetrator Stepchild OR = 2.4
 - Couple Never Lived Together OR = .34
 - Highly controlling perpetrator OR = 2.1
 - Estranged X Low control (interaction) OR = 3.6
 - Estranged X Control (interaction) OR = 5.5
 - Threatened to kill her OR = 3.2
 - Threatened w/weapon prior OR = 3.8
 - Forced sex OR = 1.9
 - Prior Arrest for DV OR = .34

Significant ($p < .05$) Variables at Incident Level



■ Perpetrator unemployed	OR = 4.4
■ Perpetrator Stepchild	OR = 2.4
■ Couple Never Lived Together	OR = .31
■ Threatened w/weapon prior	OR = 4.1
■ Highly controlling perpetrator	OR = 2.4
■ Estranged X Low control (interaction)	OR = 3.1
■ Estranged X Control (interaction)	OR = 3.4
■ Perpetrator Used Gun	OR = 24.4
■ Prior Arrest for DV	OR = .31
■ Trigger - Victim Leaving (33%)	OR = 4.1
■ Trigger – Jealousy/new relationship	OR = 4.9

Femicide – Suicide Cases (32% of femicide cases -12 city femicide study)

— Koziol-McLain, Campbell et al '06

- Significant explanatory power for same femicide – suicide risk factors – as intimate partner femicide without suicide – over & above prior IPV (72%)
 - Partner gun ownership – AOR = 13.0
 - Threats with a weapon – AOR = 9.3
 - Threats to kill – AOR = 5.4
 - Step child in the home – AOR = 3.1
 - Estrangement – AOR = 4.3 - stalking in 76% of cases

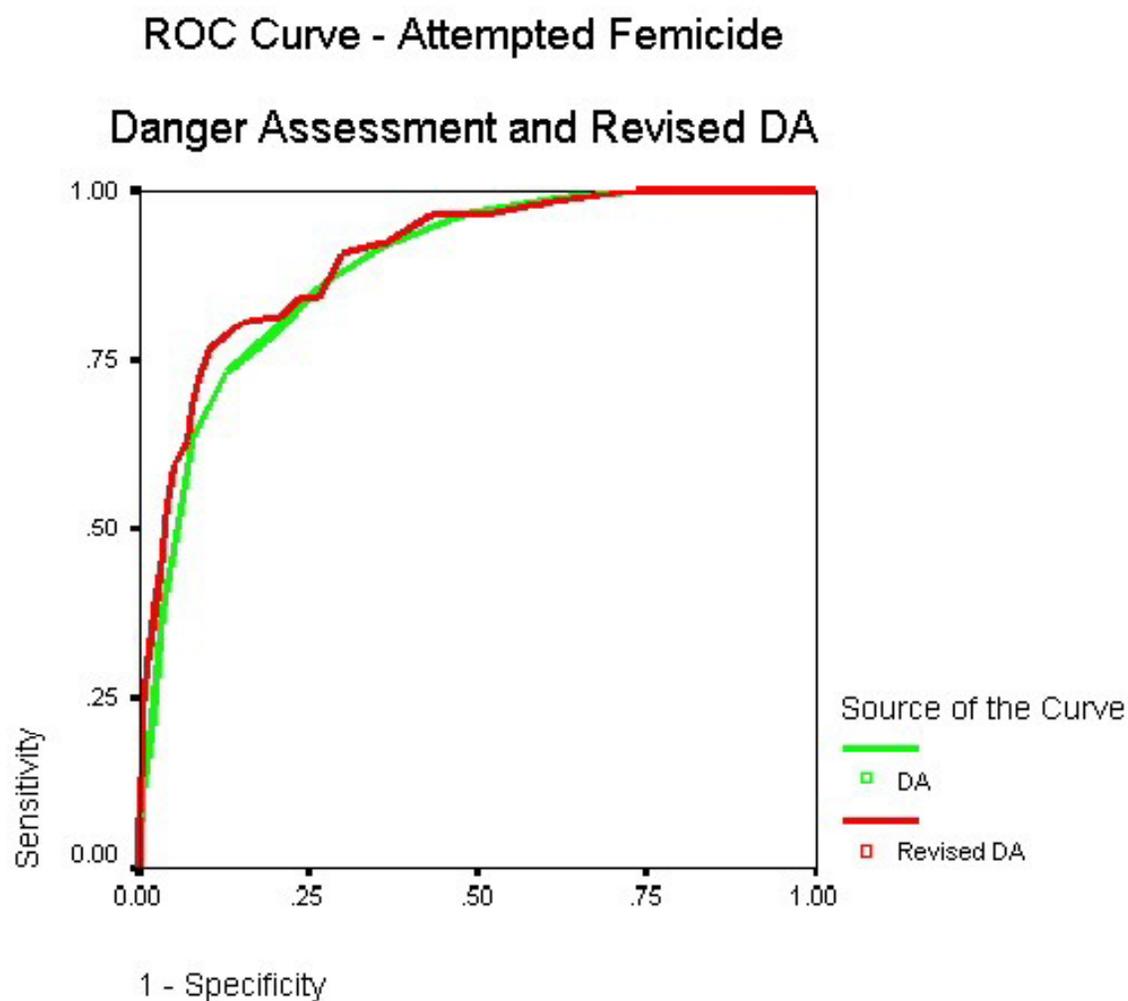
Femicide-Suicide Cases

- Unique to femicide – suicide:
 - Partner suicide threats (50%) – history of poor mental health (40%)
 - Married (AOR = 2.9)
 - Somewhat higher education levels (unemployment still a risk factor but not as strong), more likely to be white

CONCLUSIONS

- ALL DV IS DANGEROUS
- But 10 or more yeses DA very dangerous
- Much more sensitive & specific if weighted items used – ROC curves – area under curve .91 (vs.88 & .83 original version) with acceptable PPV at identifiable higher and lower danger ranges

ROC Curve Analysis – 92% under the curve for Attempted Femicides



Diagonal segments are produced by ties.

Journal of Interpersonal Violence '09

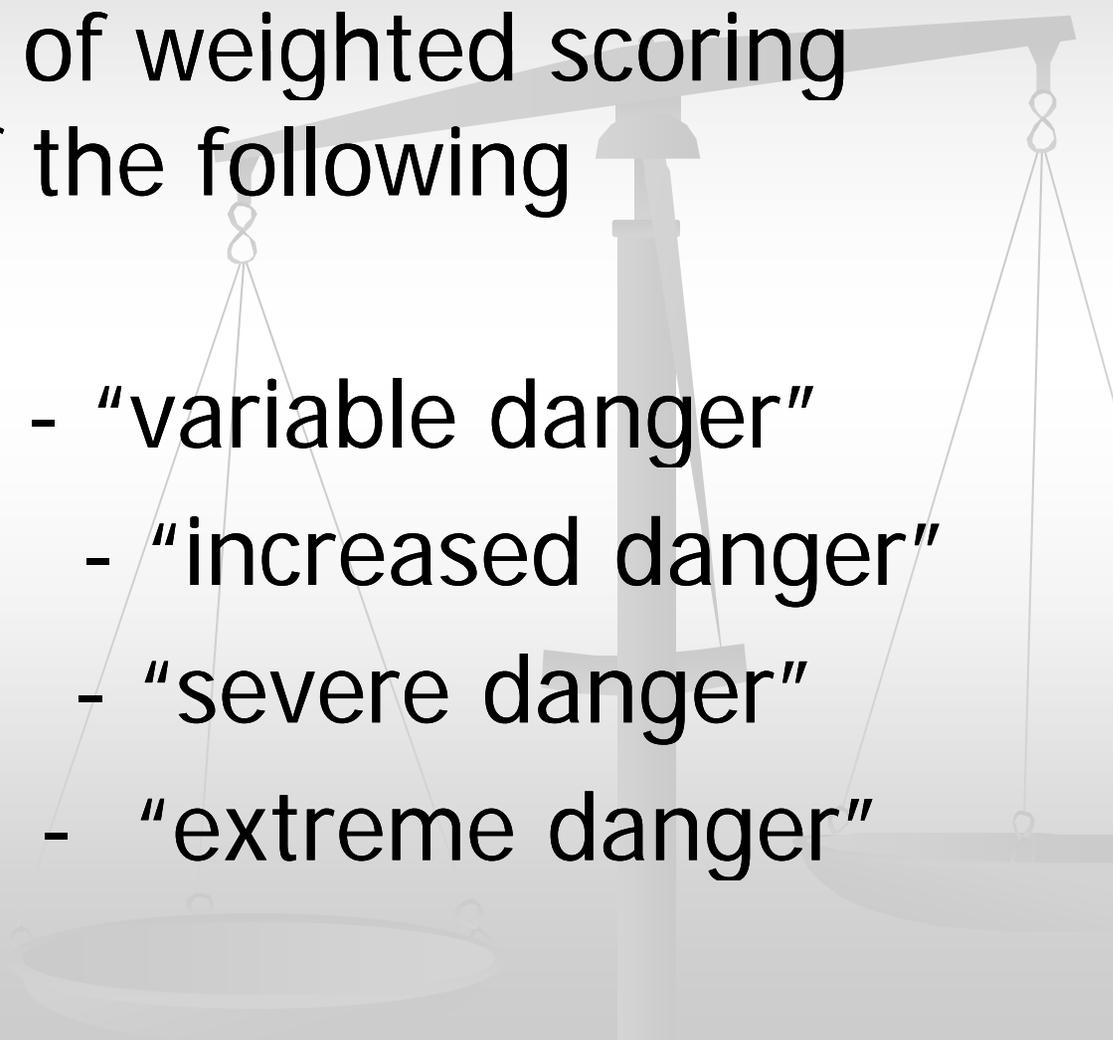
Instructions for Scoring Revised Danger Assessment

- Add total number of “yes” responses: 1 through 19.
- Add 4 points for a “yes” to question 2.
- Add 3 points for each “yes” to questions 3 & 4.
- Add 2 points for each “yes” to questions 5, 6, & 7
- Add 1 point for each “yes” to questions 8 & 9
- Subtract 3 points if 3a is checked.

Total

Note that a yes to question 20 does not count towards total in weighted scoring

Cutoff Ranges - VISE

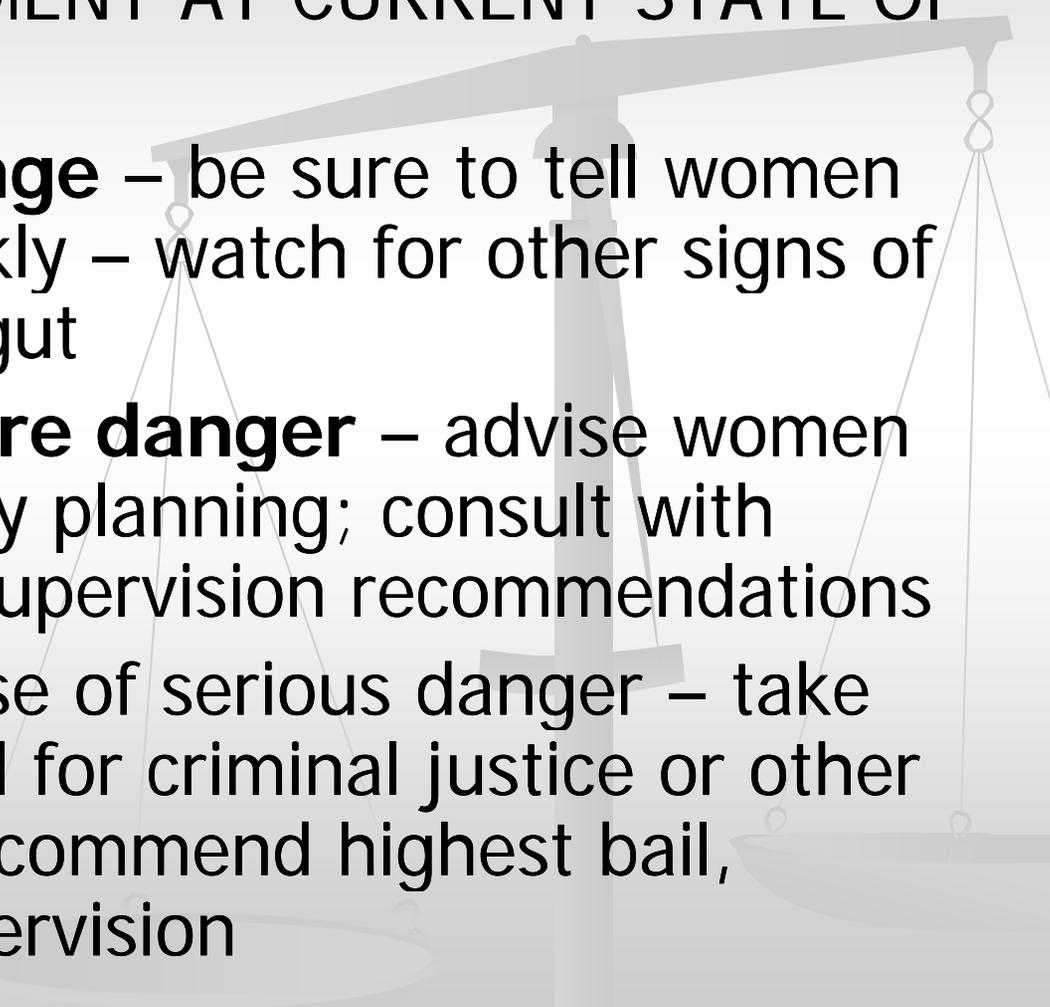
- Based on sum of weighted scoring place into 1 of the following categories:
 - Less than 8 - "variable danger"
 - 8 to 13 - "increased danger"
 - 14 to 17 - "severe danger"
 - 18 or more - "extreme danger"
- 

Danger Assessment Certification

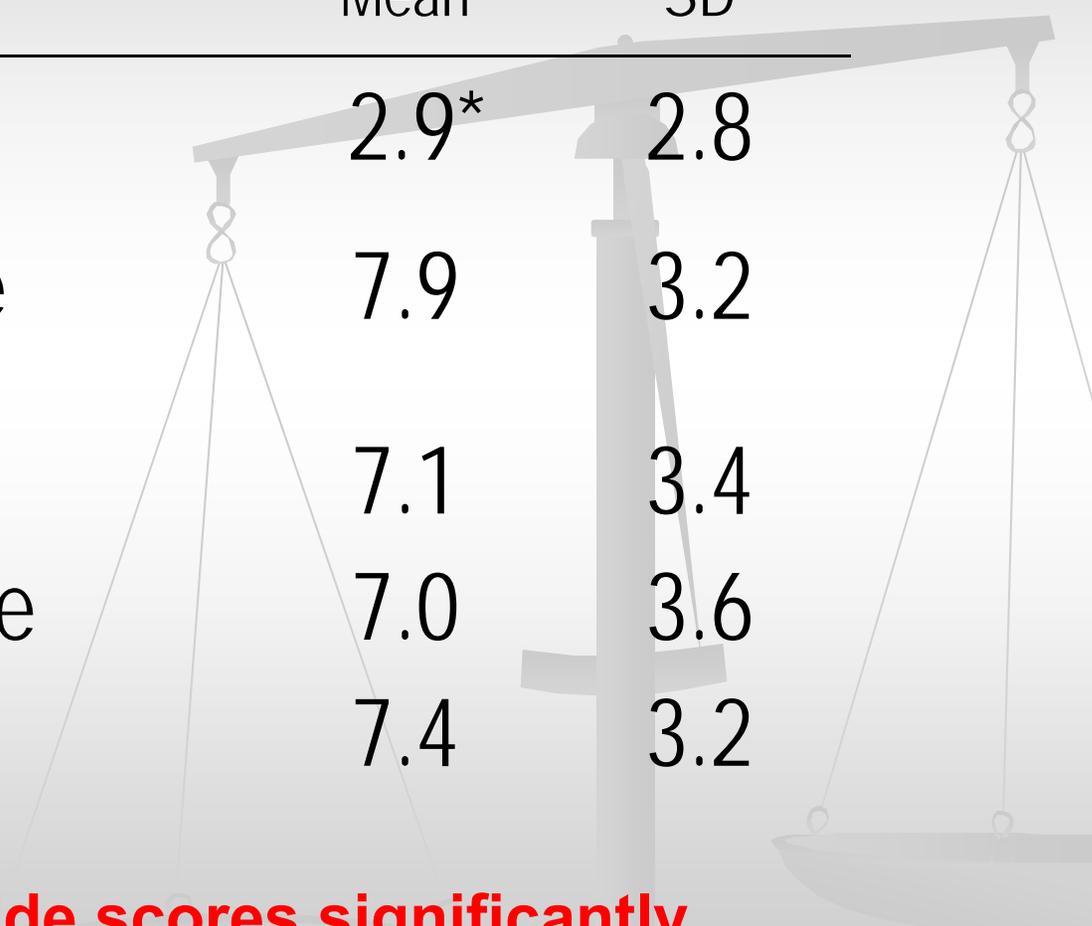
_____ has completed the
Danger Assessment Training Program
 and is **certified** to use the
Danger Assessment and Levels of Danger Scoring System
 to evaluate the level of danger in domestic violence cases.

Jacquelyn C Campbell, PhD, RN, FAAN Anna D Wolf Chair Associate Dean for Faculty Affairs The Johns Hopkins University School of Nursing			Date
NAME OF VICTIM:			
Danger Assessment Scoring			Revised 2004
Add total number of "Yes" responses, 1 through 19. Add 4 points for a "Yes" to question 2 Add 3 points for each "Yes" to questions 3 and 4. Add 2 points for each "Yes" to questions 5, 6 and 7. Add 1 point for each "Yes" to questions 8 & 9 Subtract 3 points if 3a is checked			
Levels of Danger	Variable Danger	TOTAL	
Less than 8			
8 – 13	Increased Danger		Use of this Danger Assessment Scoring system is restricted to _____ Danger Assessment Certified xx/xx/2005
14 -17	Severe Danger		
18 or more	Extreme Danger		

Tentative suggestions for ranges

- NEVER DENY SERVICES ON BASIS OF DA or ANY OTHER RISK ASSESSMENT AT CURRENT STATE OF KNOWLEDGE
 - **Variable danger range** – be sure to tell women level can change quickly – watch for other signs of danger, believe their gut
 - **Increased and severe danger** – advise women of risk, assertive safety planning; consult with judges, high level of supervision recommendations
 - **Highest level** – advise of serious danger – take assertive actions – call for criminal justice or other professional help -- recommend highest bail, highest probation supervision
- 

DANGER ASSESSMENT SCORES



	Mean	SD
Abused Controls	2.9*	2.8
Attempted Femicide	7.9	3.2
All Femicides	7.1	3.4
Femicide w/o suicide	7.0	3.6
Femicide/suicide	7.4	3.2

Attempted and Femicide scores significantly higher than abused controls (*p<.05)

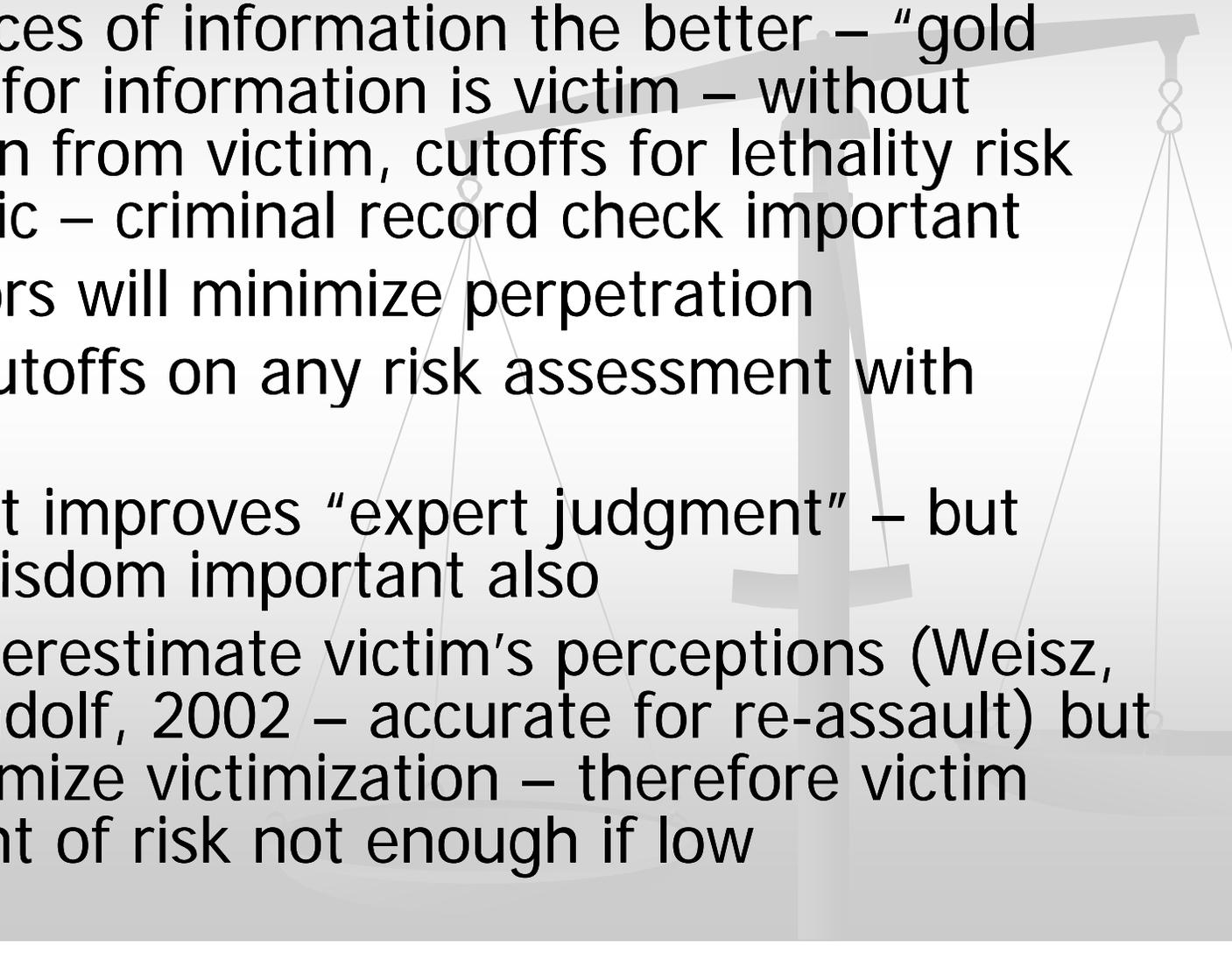
DANGER ASSESSMENT - Actual (N = 263) & Attempted (N=182) Femicides & Abuse Victims (N=342)*

Reliability (Coefficient Alpha)

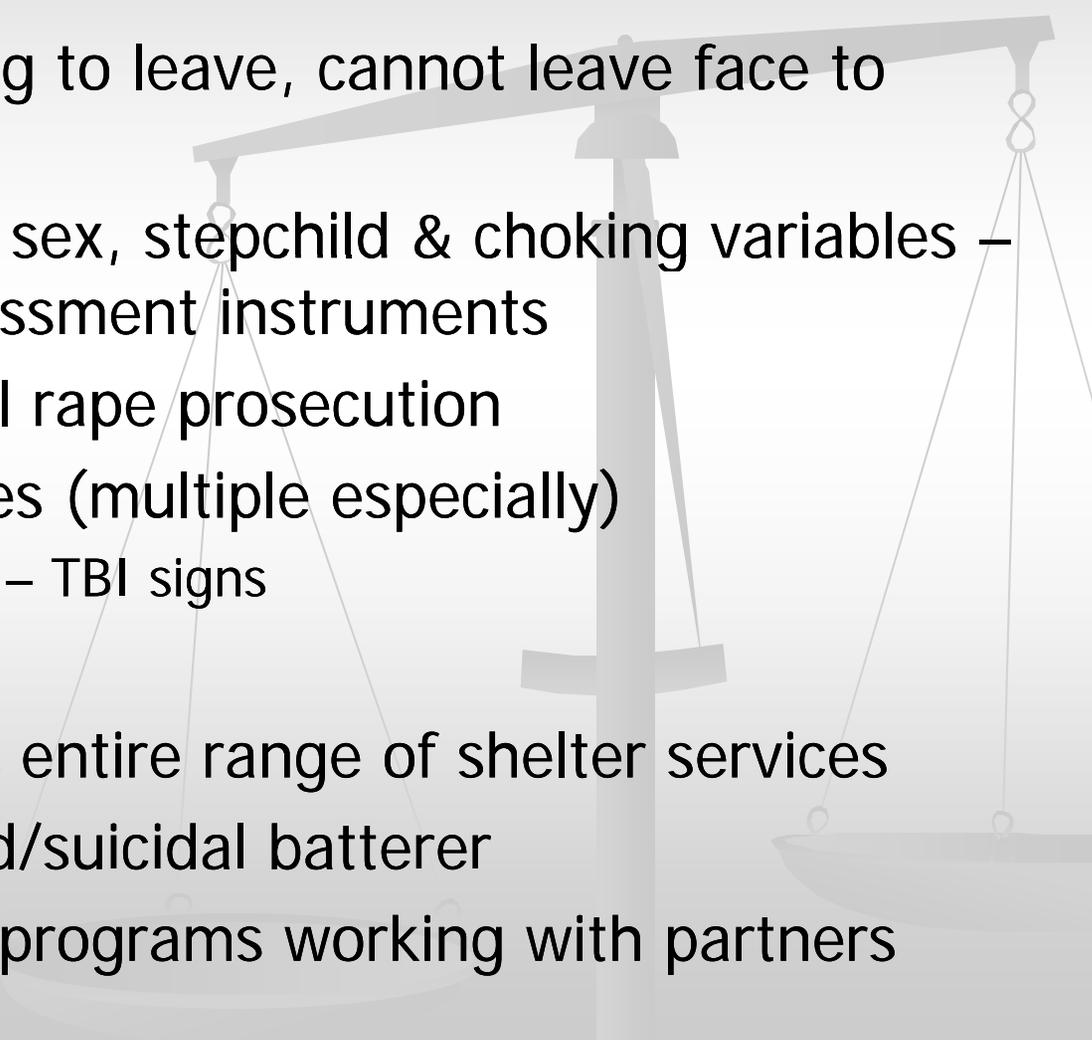
- | | |
|------------------------------|-----|
| - Attempted Femicide Victims | .75 |
| - Abused Control Victims | .74 |
| - Actual Femicides | .80 |

* Presence of DA items within one year prior to femicide and attempted femicide and within one year prior to worst incident of physical abuse experienced by abused controls

GENERAL PRINCIPLES FOR RISK ASSESSMENT IN DV

- More sources of information the better – “gold standard” for information is victim – without information from victim, cutoffs for lethality risk problematic – criminal record check important
 - Perpetrators will minimize perpetration
 - Use any cutoffs on any risk assessment with caution –
 - Instrument improves “expert judgment” – but clinician wisdom important also
 - Never underestimate victim’s perceptions (Weisz, 2000; Gondolf, 2002 – accurate for re-assault) but often minimize victimization – therefore victim assessment of risk not enough if low
- 

Implications for Policy & Safety Planning

- Making sure he doesn't have access to her as part of the court process
 - If she says she's going to leave, cannot leave face to face
 - Importance of forced sex, stepchild & choking variables – not on most risk assessment instruments
 - Issues with marital rape prosecution
 - Strangulation issues (multiple especially)
 - Plus head injuries – TBI signs
 - Blended families
 - Make sure she knows entire range of shelter services
 - Be alert for depressed/suicidal batterer
 - Batterer intervention programs working with partners
- 

Implications for Policy & Safety Planning

- Engage women's mothering concerns & skills (Henderson & Erikson '97 '93; Humphreys '93)
 - Majority of abused women good parents (Sullivan '00)
- Clinical assessment (psychiatry, psychology) needs specific DV training
- Offender intervention - she needs to stay gone until he completes & his attendance monitored
- Employment issues – especially for African American men
- Protective order for stalking - or use stalking laws
- Issues with various "risk" lists included in safety planning
- DA-I for immigrant women; DA-Circle for indigenous women; adding choking to calendar

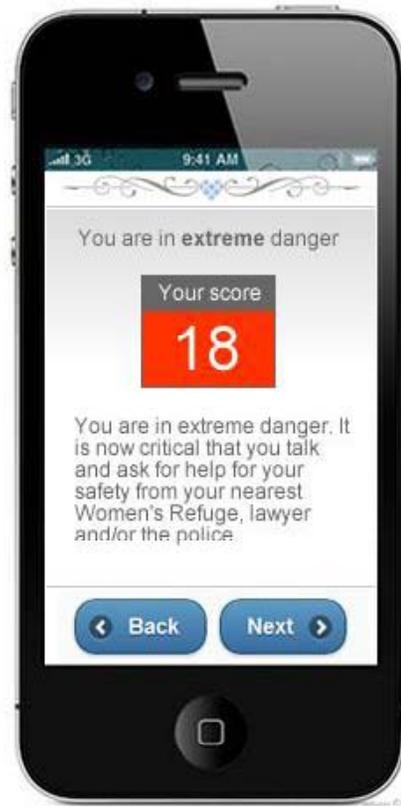
One Love Apps – MyPlan & DA

www.joinonelove.org

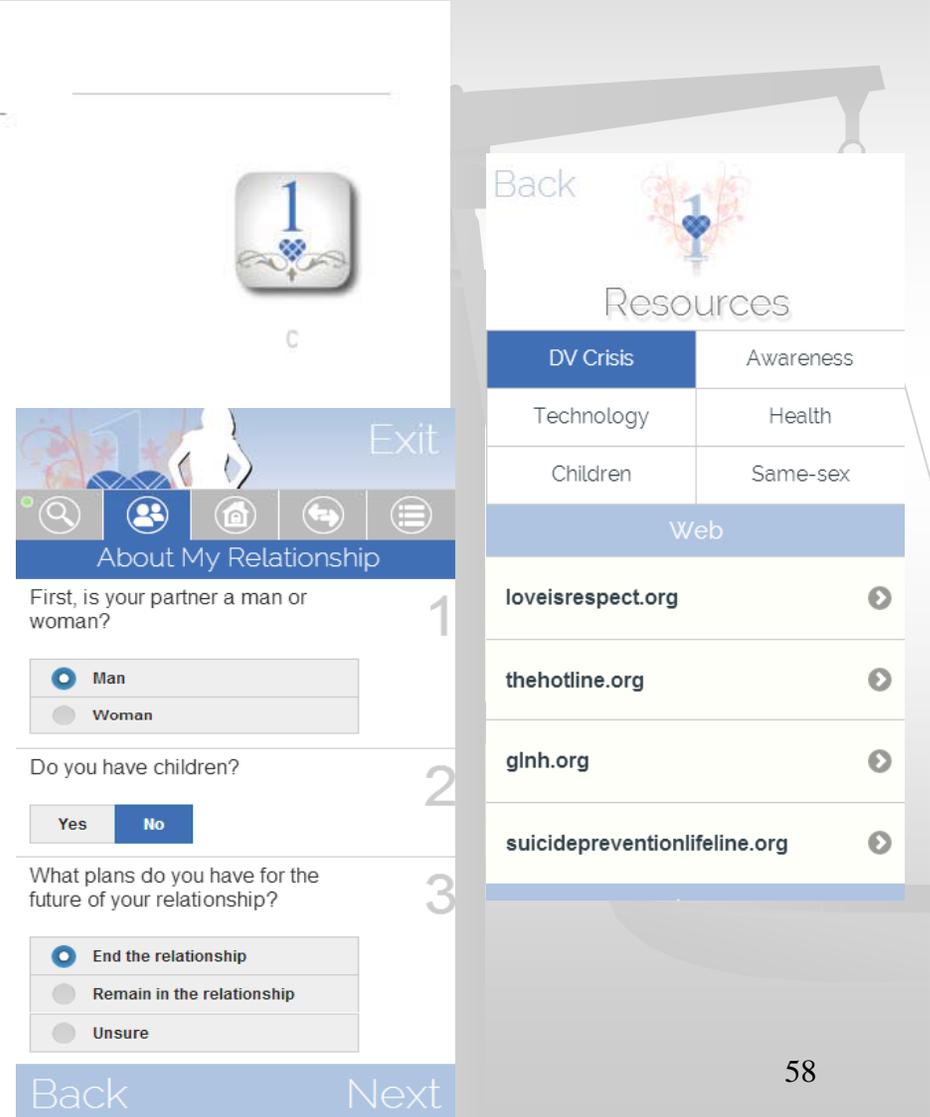
RESULTS



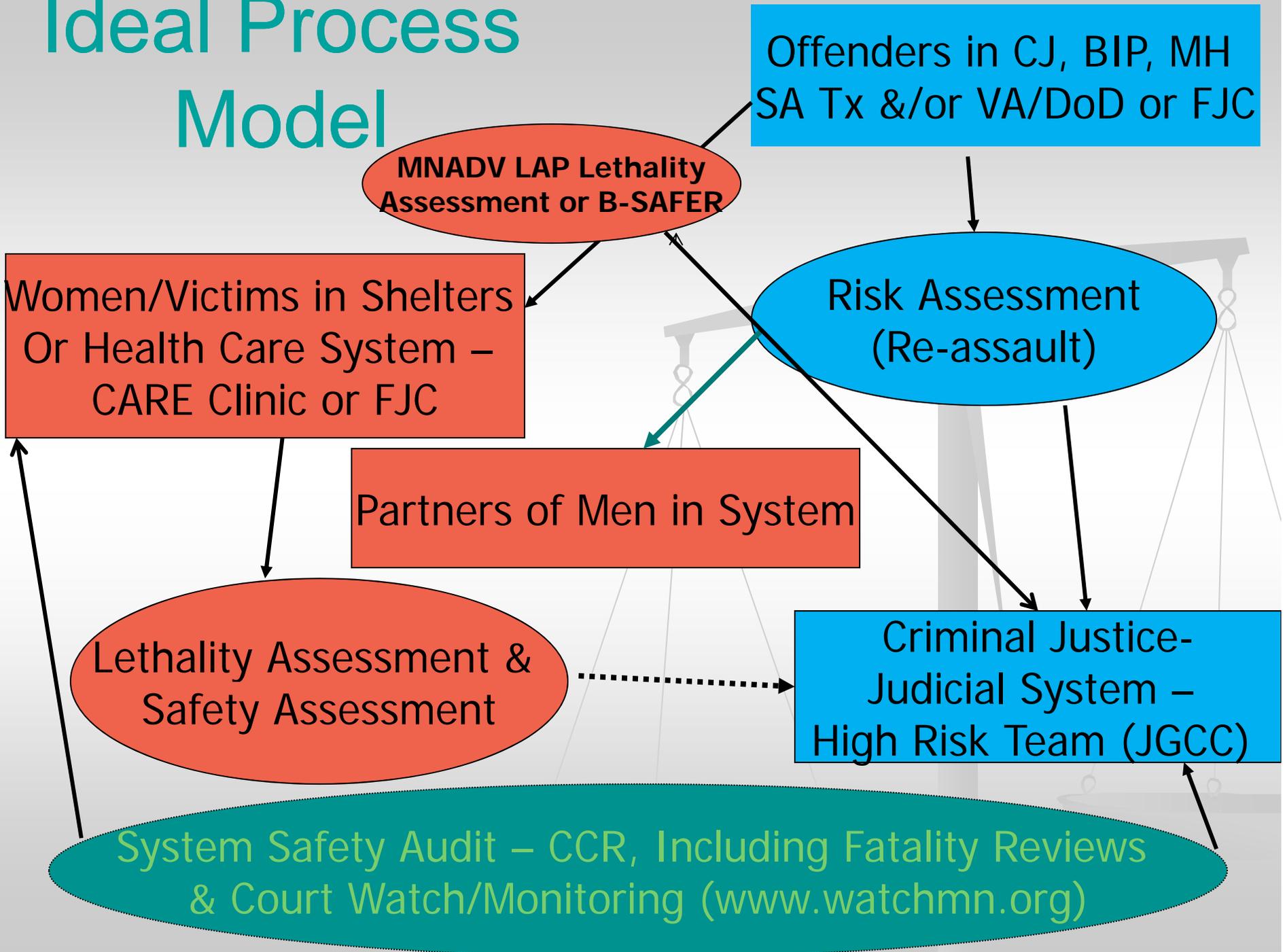
PAGE 1 OF 2



PAGE 2 OF 2



Ideal Process Model



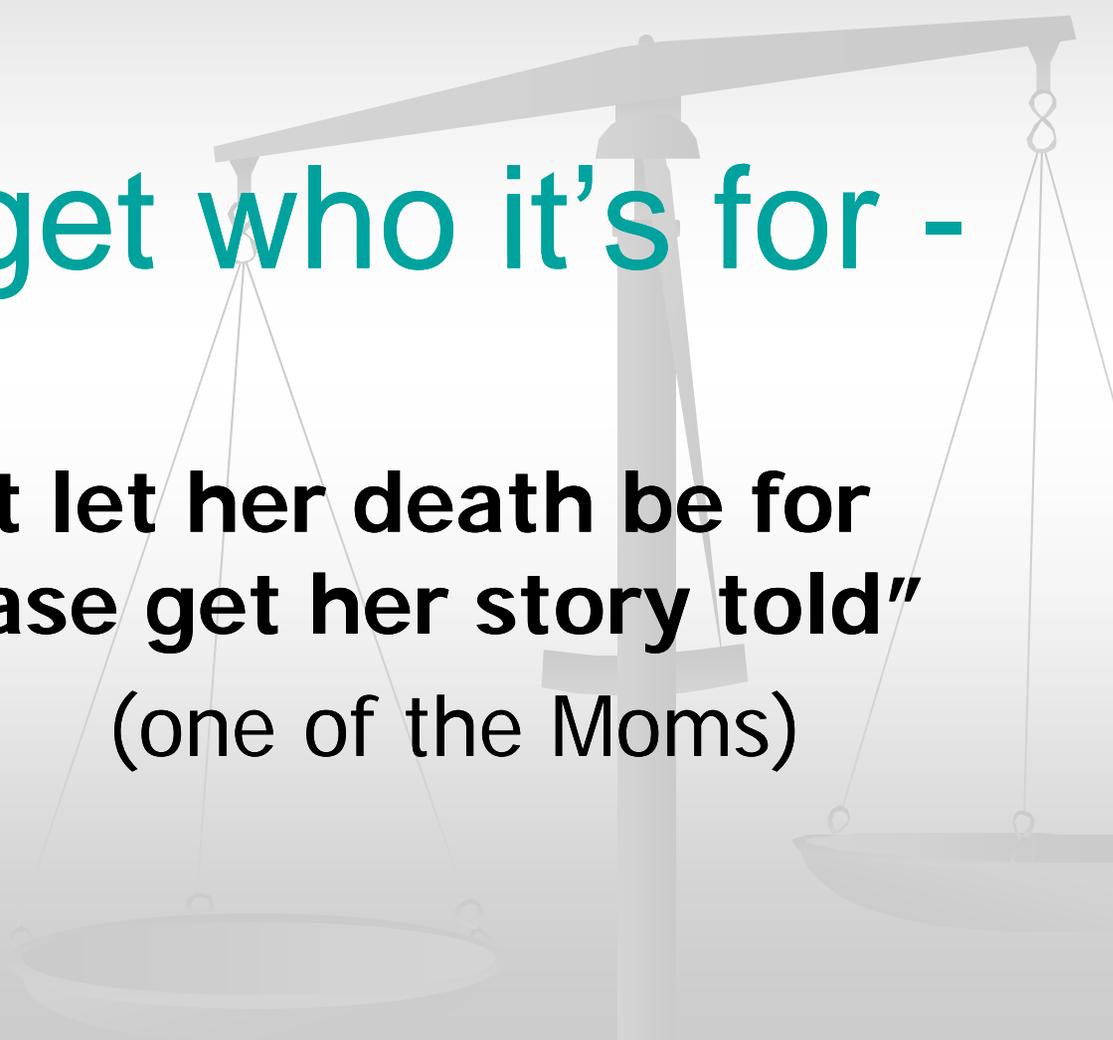
MISSED OPPORTUNITIES: PREVENTION - 83% of Cases

VICTIMS

- Police Contacts - 66% of stalked & battered women
- Any Medical Visit - 56% (27% ED visits only)
- Shelter Contacts - 4% of battered women
- Substance abuse Tx - 6%

PERPETRATORS

- Prior Arrest - 56% of batterers (32% of non)
- Mental Health System - 12%
- Substance Abuse Tx - 6%
- Child Abuse - 11% of batterers; 6% of non



Never forget who it's for -

**“please don't let her death be for
nothing – please get her story told”**

(one of the Moms)



Pathways for Health Impacts

- Injury
- Neglected injury or chronic health issues
- Indirect effects via chronic stress
- Engage in health-risk behaviors (coping)
- Restricted access to care
- High health care utilization (Emergency Rooms)



3 times

more likely to have
reproductive health
complications than non-
victims.

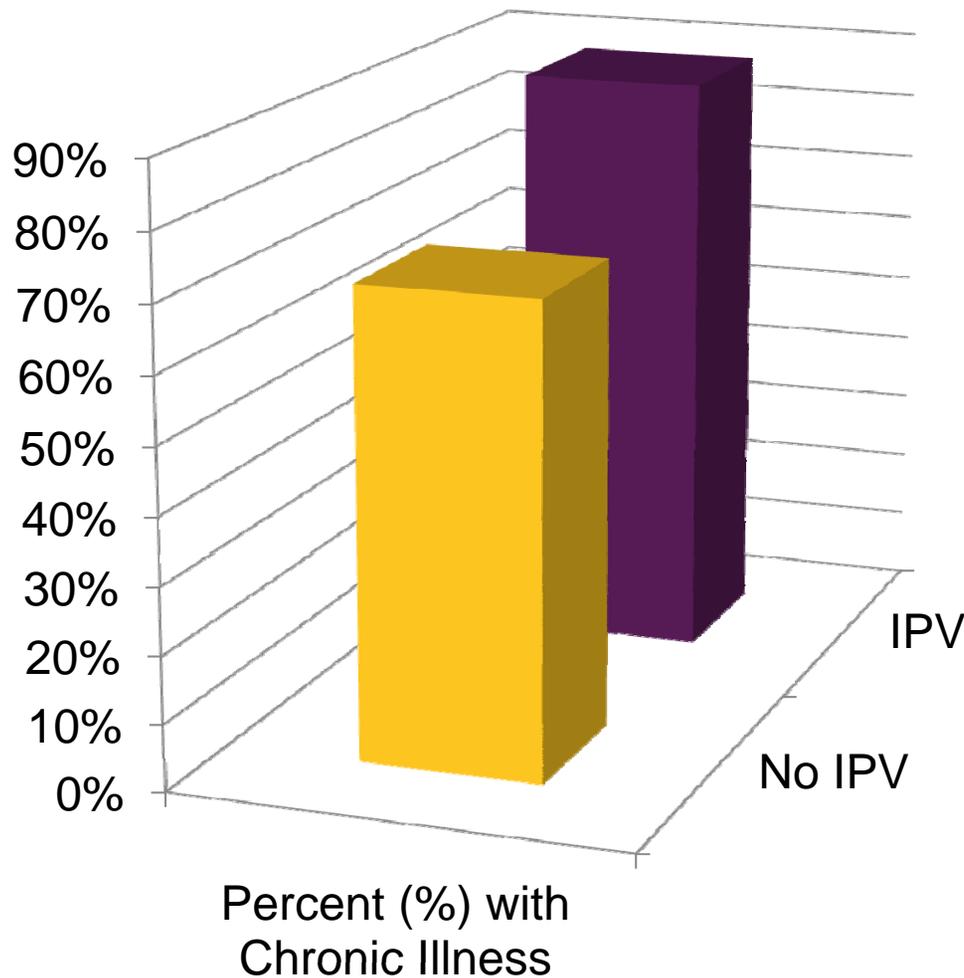
(Campbell, 2002)

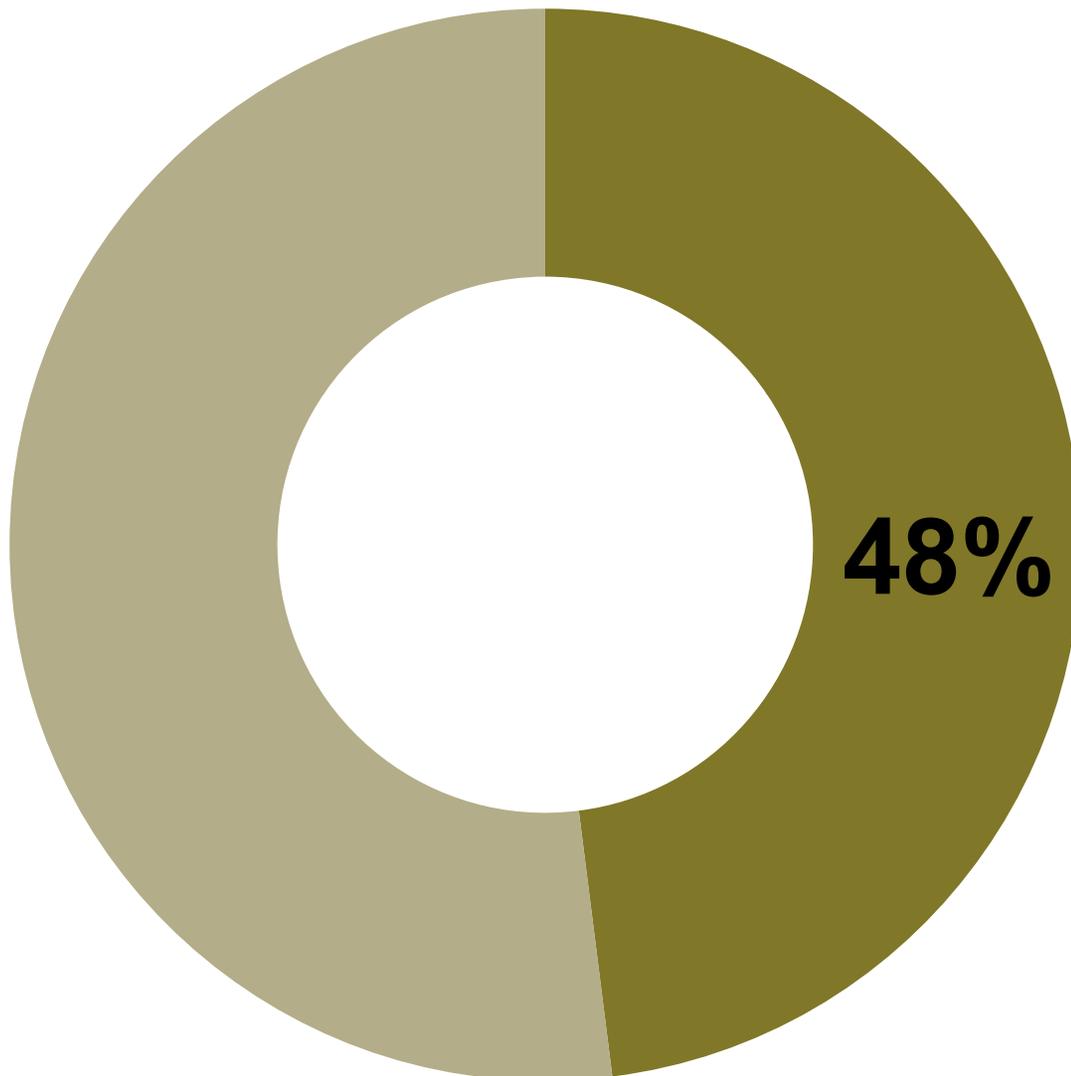


Women who report abuse

are 20% more likely to have a chronic illness than women who report never experiencing IPV.

(Verizon Foundation, 2013)





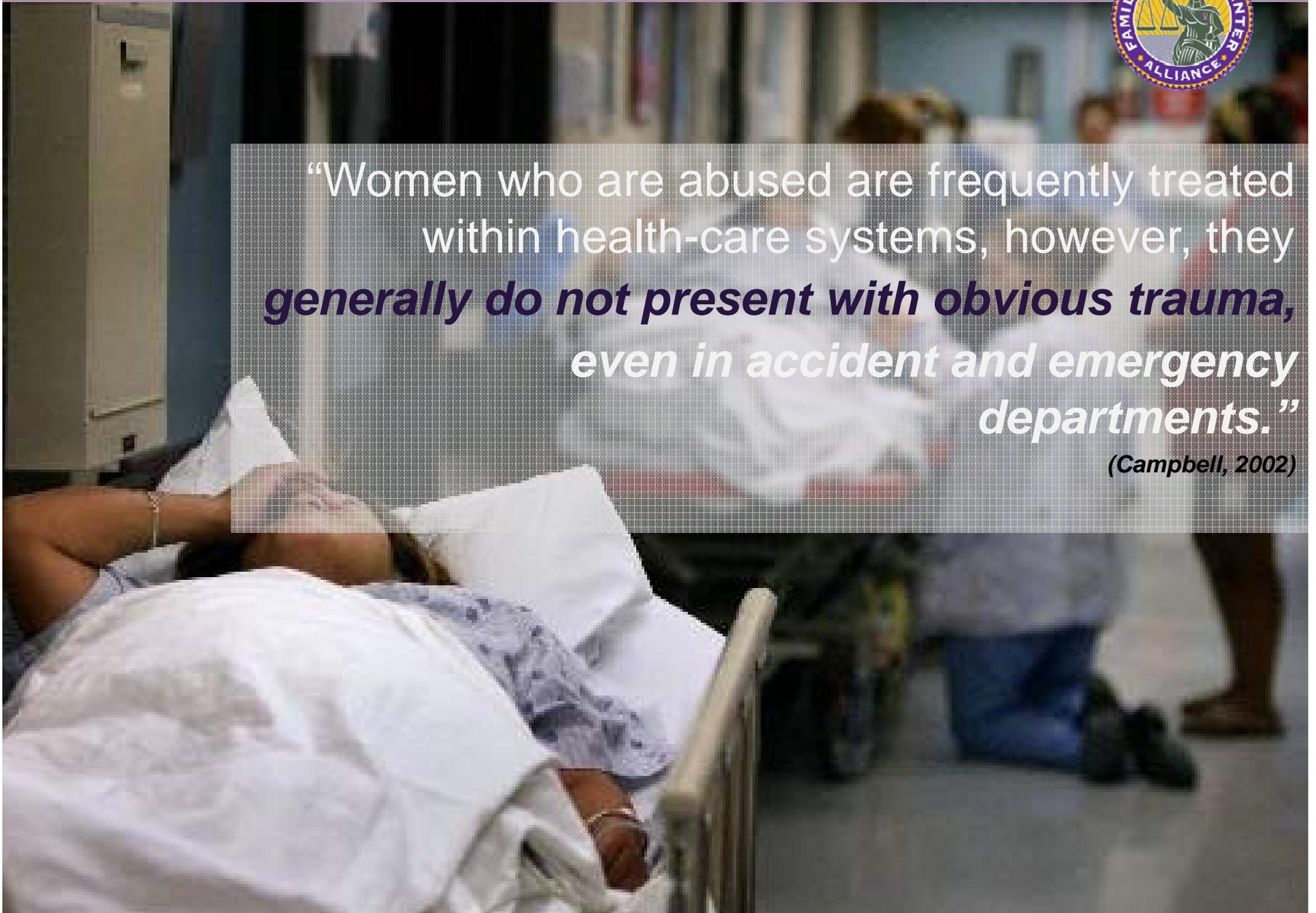
...of women who are abused will also experience **depression.**

Hernandez et al., 2012



“Women who are abused are frequently treated within health-care systems, however, they **generally do not present with obvious trauma, even in accident and emergency departments.**”

(Campbell, 2002)





Healthcare Utilization

- 9 to 22% of abused women will seek medical treatment at some point.
- DV victims make up a significant proportion of people using Emergency Rooms.
- Women who have experienced abuse end up paying over \$4,500 more in health-care costs compared to never-abused women.
- **A recent update estimates economic costs from IPV at \$8.3 billion per year**

(Duterte et al., 2008; Reisenhofer & Seibold, 2012; Jones et al., 2004; CDC, 2013).

www.familyjusticecenter.com



Bottom Line



**Health Care costs
are 2X that of
never abused
women.**

Jones et al., 2004



What we know

**Affordable Care Act guarantees screening and
brief counseling for DV in Women's
Preventive Services Guidelines:**

(Health Resources & Services Administration)

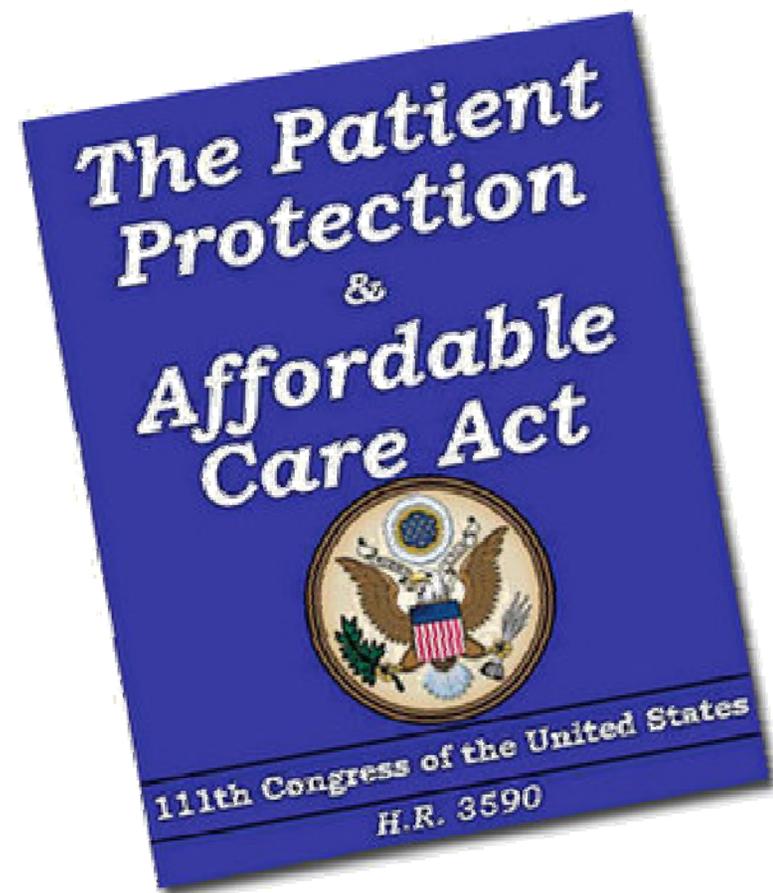
**When asked, victims are 2x as likely
to disclose abuse to providers.**

(Rhodes et al., 2012)



Affordable Care Act

- Coverage without copayment, coinsurance or deductible.
- The Department of Health and Human Services (HHS) has adopted guidelines for women's preventive health services including screening and counseling for interpersonal and domestic violence.





Gaps

DV screening by “IPV specialists” (navigators) improved victim satisfaction with healthcare.

GAP: Screening was not sustainable when the specialist was removed.

Dental care is a high area of need: 70% in shelter reported a need.

GAP: Only 13% were asked about needs.

Screening in clinical settings increases the identification of DV.

GAP: Insufficient evidence to show identification leads to referral, or that referral/care leads to enhanced safety.

Rhodes et al., 2012; Abel et al., 2012;
Jack et al., 2012



Health Services Toolkit



HEALTH SERVICES TOOLKIT

UNDERSTANDING NEEDS,
INTEGRATING WELLNESS, AND
EXPANDING HEALTH PARTNERSHIPS



A Guide for Directors, Advocates, and Front-line Staff
of Family Justice Centers and Multi-Agency
Domestic Violence Organizations



March 2015

Creating Pathways to Hope.
www.familyjusticecenter.org

Comprehensive Approach

Part I: Assessment

- Survey
- Focus Group
- Understand experience of health and wellness

Part II: Organizational Tools

- Danger Assessment as cornerstone

Part III: Institutionalizing Wellness

- Strategies for Partnership Expansion
- Staff Wellness and Program Development



Part II: Opportunities to Integrate Health



Key #1: Fit in FJC Centralized Intake





Key #2: Enhance use of the DA

- Everyone is trained on danger assessment and most are certified
- With the victim's permission, the score is shared with the partners/services she wants to access

DANGER ASSESSMENT

Jacquelyn C. Campbell, Ph.D., R.N.
Copyright, 2003, www.dangerassessment.com

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex-partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury
5. Use of weapon; wounds from weapon

(If any of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

- ___ 1. Has the physical violence increased in severity or frequency over the past year?
- ___ 2. Does he own a gun?
- ___ 3. Have you left him after living together during the past year?
3a. (If have never lived with him, check here ___)
- ___ 4. Is he unemployed?
- ___ 5. Has he ever used a weapon against you or threatened you with a lethal weapon?
(If yes, was the weapon a gun? ___)
- ___ 6. Does he threaten to kill you?
- ___ 7. Has he avoided being arrested for domestic violence?
- ___ 8. Do you have a child that is not his?
- ___ 9. Has he ever forced you to have sex when you did not wish to do so?
- ___ 10. Does he ever try to choke you?
- ___ 11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, "meth", speed, angel dust, cocaine, "crack", street drugs or mixtures.
- ___ 12. Is he an alcoholic or problem drinker?
- ___ 13. Does he control most or all of your daily activities? For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here: ___)
- ___ 14. Is he violently and constantly jealous of you? (For instance, does he say "If I can't have you, no one can.")
- ___ 15. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: ___)
- ___ 16. Has he ever threatened or tried to commit suicide?
- ___ 17. Does he threaten to harm your children?
- ___ 18. Do you believe he is capable of killing you?
- ___ 19. Does he follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don't want him to?
- ___ 20. Have you ever threatened or tried to commit suicide?

Total "Yes" Answers

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.

Process: Key Tools



www.familyjusticecenter.com



Referral information	
Who referred you here today? (referral sources in red should be added in addition to complete list)	
<input type="checkbox"/> No one <input type="checkbox"/> [On-site Health partner agency] <input type="checkbox"/> Social Worker (E.g. Dept. of Children and Family Services) <input type="checkbox"/> Family member <input type="checkbox"/> Friend <input type="checkbox"/> Neighborhood Legal Services (NLS) <input type="checkbox"/> Primary Care Physician/ Psychiatrist <input type="checkbox"/> [Off-site Health partner agency] <input type="checkbox"/> Therapist (Psychologist, Licensed Clinical Social Worker, Marriage and Family Therapist) <input type="checkbox"/> Police <input type="checkbox"/> Other (please specify): _____	
Basic Health Information	
Have you been to the Emergency Room (ER) in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a primary care doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Date of last visit: ____ / ____ / ____	
Do you have health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your children insured?	<input type="checkbox"/> Yes, under my insurance plan (please list names): _____ <input type="checkbox"/> Yes, under a different plan (please list): _____ <input type="checkbox"/> No or not sure.
Are you pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you concerned you might be pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Health Services and Other	
Do you have any health needs (dental, vision, physical, mental) that you are concerned about?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain if yes:
Do you have any medical condition you are currently being treated for? (see a doctor regularly or take medication regularly)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you taking the medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, do you have the medication with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Would you like help enrolling in health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Basic Health Assessment

Add to Intake

Purpose: Assess basic gaps in primary care (non-emergent)

Assess emergent issues when reviewing intake and beginning risk assessment and safety planning.

For more on the role of assessment questions, refer to Futures Without Violence extensive body of work:

www.healthcaresaboutipv.org



Intake and Danger Assessment

DANGER ASSESSMENT

Jacquelyn C. Campbell, Ph.D., R.N.
Copyright, 2003: www.dangerassessment.com

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex-partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
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3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury
5. Use of weapon; wounds from weapon

(If any of the descriptions for the higher number apply, use the higher number.)

Mark Yes or No for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

- ___ 1. Has the physical violence increased in severity or frequency over the past year?
- ___ 2. Does he own a gun?
- ___ 3. Have you left him after living together during the past year?
3a. (If have never lived with him, check here ___)
- ___ 4. Is he unemployed?
- ___ 5. Has he ever used a weapon against you or threatened you with a lethal weapon?
(If yes, was the weapon a gun? ___)
- ___ 6. Does he threaten to kill you?
- ___ 7. Has he avoided being arrested for domestic violence?
- ___ 8. Do you have a child that is not his?
- ___ 9. Has he ever forced you to have sex when you did not wish to do so?
- ___ 10. Does he ever try to choke you?
- ___ 11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, "meth", speed, angel dust, cocaine, "crack", street drugs or mixtures.
- ___ 12. Is he an alcoholic or problem drinker?
- ___ 13. Does he control most or all of your daily activities? For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here: ___)
- ___ 14. Is he violently and constantly jealous of you? (For instance, does he say "If I can't have you, no one can.")
- ___ 15. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: ___)
- ___ 16. Has he ever threatened or tried to commit suicide?
- ___ 17. Does he threaten to harm your children?
- ___ 18. Do you believe he is capable of killing you?
- ___ 19. Does he follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don't want him to?
- ___ 20. Have you ever threatened or tried to commit suicide?
Total "Yes" Answers

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.

Did you experience any physical health issues or injury as a result?

Did you receive medical care after the event? Did you need to?

Has a doctor ever asked you about domestic violence?

Has a doctor ever diagnosed you with a medical issue?

Have you ever been pregnant? Concerned you might be pregnant?

Have you had any issues with a pregnancy, or other sexual health concerns (such as an STI) as a result of the violence/assault?

Strangulation Assessment/Documentation

Has he ever prevented you from seeking medical care?
Has a doctor ever asked you about domestic violence?

Has he ever tampered with your birth control, either trying to prevent you from getting pregnant or coercing you to get pregnant?

Have you ever been prescribed medication for a mental health concern? Are you currently taking it/have it with you?



Danger Assessment for Health Checklist

SAMPLE DANGER ASSESSMENT CHECKLIST (Add to Danger Assessment Scoring Guide)

DANGER ASSESSMENT
Jacquelyn C. Campbell, Ph.D., R.N.
Copyright © 1998 by the author.

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex-partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing, no injuries, and/or lasting pain
2. Punching, kicking, bruises, cuts, and/or continuing pain
3. "Beating up": severe contusions, burns, broken bones
4. Threat to use weapon: head injury, internal injury, permanent injury
5. Use of weapon: wounds from weapon

(If any of the descriptions for the higher number apply, use the higher number.)

Mark Yes or No for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

1. **Has the physical violence increased in severity or frequency over the past year?**
2. Does he own a gun?
3. Have you left him after living together during the past year?
No. (If have never lived with him, check here...)
4. Is he unemployed?
5. **Has he ever used a weapon against you or threatened you with a lethal weapon?**
(If yes, was the weapon a gun? ___)
6. Does he threaten to kill you?
7. Has he avoided being arrested for domestic violence?
8. Do you have a child that is not his?
9. **Has he ever forced you to have sex when you did not wish to do so?**
10. **Does he ever try to choke you?**
11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, "meth", speed, angel dust, cocaine, "crack", street drugs or mixtures.
12. Is he an alcoholic or problem drinker?
13. **Does he control most or all of your daily activities?** For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here...)
14. Is he violently and constantly jealous of you? (For instance, does he say "I can't have you, no one can.")
15. **Have you ever been beaten by him while you were pregnant?** (If you have never been pregnant by him, check here...)
16. Has he ever threatened or tried to commit suicide?
17. Does he threaten to harm your children?
18. Do you believe he is capable of killing you?
19. Does he follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don't want him to?
20. **Have you ever threatened or tried to commit suicide?**

Total "Yes" Answers: _____

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.



Danger Assessment Checklist: Health Concerns & Safety Planning		
If client answered "YES" to items: # 1, 5, 6, 9, 10, 13, 15	Check if completed	Notes
1) Probe about potential medical effects: (for example)		
a. (Q1, Q5, Q9) Did you experience any physical health issues or injury as a result?		
b. Did you receive medical care after the event? Did you need to?		
c. Has a doctor ever asked you about domestic violence?		
d. Has a doctor ever diagnosed you with a medical issue?		
e. (Q9, Q15) Have you ever been pregnant? Concerned you might be pregnant?		
f. Have you had any issues with a pregnancy, or other sexual health concerns (such as an STI) as a result of the violence/assault?		
g. (Q10) Complete Strangulation Assessment		
h. (Q13) Has he ever prevented you from seeking medical care?		
i. Has a doctor ever asked you about domestic violence?		
j. (Q15) Has he ever tampered with your birth control, either trying to prevent you from getting pregnant or coercing you to get pregnant?		
k. (Q20) Have you ever been prescribed medication for a mental health concern? Are you currently taking it/have it with you?		
2) Refer Sample script: <i>"I've noticed you marked a few things that could lead to serious health effects. This is common and not your fault. While you're here today would you like to talk with someone about any health concerns or make an appointment?"</i>		
3) Resources Provide information and resources on health and DV. <ul style="list-style-type: none"> • Futures Health cards • Local resources • Talk with CATS nurse or onsite health provider 		



Pilot Site Findings

- 29% and 25% suffered injuries and sought care, respectively.
- Doctors asked about IPV with 24% of survivors.
- 82% experience reproductive coercion.

SAMPLE DANGER ASSESSMENT CHECKLIST
(Add to Danger Assessment Scoring Guide)

Danger Assessment Checklist: Health Concerns & Safety Planning		
If client answered "YES" to items: # 1, 5, 6, 9, 10, 13, 15	Check if completed	Notes
1) Probe about potential medical effects: (for example)		
a. (Q1, Q5, Q9) Did you experience any physical health issues or injury as a result?		
b. Did you receive medical care after the event? Did you need to?		
c. Has a doctor ever asked you about domestic violence?		
d. Has a doctor ever diagnosed you with a medical issue?		
e. (Q9, Q15) Have you ever been pregnant? Concerned you might be pregnant?		
f. Have you had any issues with a pregnancy, or other sexual health concerns (such as an STI) as a result of the violence/assault?		
g. (Q10) Complete Strangulation Assessment		
h. (Q13) Has he ever prevented you from seeking medical care?		
i. Has a doctor ever asked you about domestic violence?		
j. (Q15) Has he ever tampered with your birth control, either trying to prevent you from getting pregnant or coercing you to get pregnant?		
k. (Q20) Have you ever been prescribed medication for a mental health concern? Are you currently taking it/have it with you?		
2) Refer Sample script: "I've noticed you marked a few things that could lead to serious health effects. This is common and not your fault. While you're here today would you like to talk with someone about any health concerns or make an appointment?"		
3) Resources Provide information and resources on health and DV. <ul style="list-style-type: none"> • Futures Health cards • Local resources • Talk with CATS nurse or onsite health provider 		



Safety Planning & Follow-up

Counselor Checklist

Check all items you conducted with the client during your visit.

Date: _____

- This is a follow-up visit This is an initial visit

Safety Planning:

- Oral Follow-up on any health concerns (Intake, Adult interview, CATS, counselor notes).
 Provided resources
 Made referral to (health partner/resource) _____.

Follow-up appointments:

- Client requested health/medical services on (date) _____
 Referred to (health partner agency) _____
 Client sought health service (called, made appointment, went to health center).
 Client received health service.
 Client satisfied with services received.
 Additional needs (follow-up appointment, new/changed health concerns).

Explain:

Referred to:

- CATS
 Local Health Center
 Insurance Enrollment specialist
 Other Health Provider: _____

QUESTIONS?



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2015 International Family Justice Conference

San Diego April 21-23, 2015



“Health Matters, Hope Heals: What Every Professional Needs to Know About Trauma”



Thank you for joining today's presentation!

Family Justice Center Alliance

707 Broadway, Suite 700

San Diego, CA 92101

888-511-3522

www.familyjusticecenter.com

**Reminder: This presentation will be available for download on the Online Resource Library within 24 hours*



Casey Gwinn, JD
President
Family Justice Center Alliance
Phone: (888) 511-3522
Casey@nfjca.org

Casey Gwinn, J.D. serves as the President of the National Family Justice Center Alliance. Casey has been recognized by *The American Lawyer* magazine as one of the top 45 public lawyers in America.

Casey served for eight years as the elected City Attorney of San Diego from 1996 to 2004. Prior to entering elected office, Casey founded City Attorney's Child Abuse and Domestic Violence Unit, leading the Unit from 1986 to 1996 – prosecuting both misdemeanor and felony cases. In 1993, the National Council of Juvenile and Family Court Judges recognized his Child Abuse/Domestic Violence Unit as the model domestic violence prosecution unit in the nation. During Casey's tenure, the Unit's work was honored for playing a major role in the 90 percent drop in domestic violence homicides in the City of San Diego over the last twenty years. San Diego now has the lowest domestic violence homicide rate of any major city in the nation. In 1986, Casey co-founded the San Diego Task Force on Domestic Violence. In 1991, he founded the San Diego Domestic Violence Council.

In 2002, Casey saw his vision of a comprehensive, "one stop shop" for services to victims of family violence become a reality in San Diego. In partnership with former San Diego Police Chief David Bejarano and current Chief Bill Lansdowne, he led the effort to open the nationally acclaimed San Diego Family Justice Center. The Family Justice Center opened its doors in downtown San Diego on October 10, 2002.

In January, 2003, Casey and the San Diego Family Justice Center were profiled on the Oprah Winfrey Show as leading the way for other communities in its coordinated approach to co-locating services for victims of domestic violence, child abuse, elder abuse, and sexual assault. In October, 2003, President George W. Bush announced a national initiative to begin creating Family Justice Centers across the country and asked Casey to provide leadership to the effort. Casey currently oversees a national technical assistance team that supports all existing and developing Family Justice Centers in the United States and around the world, speaks in communities across America, and provides leadership to the YWCA of San Diego County.

Casey also serves on the Board of the YWCA of San Diego County which manages the Becky's House shelter, transitional, and affordable housing programs for victims of

domestic violence and their children and programs for homeless women and families, legal services for domestic violence victims, after school programs, a city school for children housed in shelter, and other social service and support programs for women and children. He is currently focused on assisting in redeveloping the YWCA's historic downtown building at 10th and C to create a unique 55,000 square foot building full of services for women, children, and families.

Casey has served on the U.S. Attorney General's National Advisory Committee on Violence Against Women and the American Bar Association Commission on Domestic Violence. He chaired the California Attorney General's Task Force on Domestic Violence (See the report at www.safestart.org). He also served on the congressionally created Department of Defense task force, studying the handling of family violence throughout the Department of Defense. He has authored a host of articles on domestic violence and has authored two books on the Family Justice Center movement and co-authored two more. The first book entitled "Hope for Hurting Families" calls for the creation of Family Justice Centers across America to help hurting and violent families. His second book, co-authored with Gael Strack, was released in April 2007, "Hope for Hurting Families II: How to Start a Family Justice Center in Your Community." The first two books are available at www.familyjusticecenter.org. Gael and Casey authored a third on-line book, published in Arabic, focused on developing co-located service centers in the Middle East (www.familyjusticecenter.org/ebook). Casey's newest book, "Dream Big: A Simple, Complicated Idea to Stop Family Violence" was published in 2010 by Wheatmark and is available at www.amazon.com and many other retail outlets.

Casey has received many local and national awards, including the L. Anthony Sutin Civic Imagination Finalist Award, Stephen L. Lewis Lecturer of Merit Award from the National College of District Attorneys, the San Diego Domestic Violence Council's Lifetime Achievement Award, the Women's International Living Legacy Award, the Men's Leadership Forum Hometown Hero Award, Sharp Healthcare's Excellence in Education Award, the San Diego Press Club's Diogenes Award, the San Diego Mediation Center's Peacemaker Award, the San Diego Ecumenical Council's Christian Unity Award, Lifetime Television's Times Square Salute Award, Advocate of the Year Award presented on Disability Independence Day from the disabled community in San Diego, the California Peace Prize from the California Wellness Foundation, New York's Abely Award for Leading Women and Children to Safety, and the Avon Foundation's Community Advocate of the Year Award.

One of Casey's great personal passions is Camp HOPE, the unique camping initiative he founded at the San Diego Family Justice Center. Camp HOPE is the first specialized camp in America focused exclusively on children exposed to domestic violence.

Casey and his wife, Beth, have three grown children: Kelly; Karianne; and Chris.

Casey is an honors graduate of Stanford University and UCLA School of Law.



Jacquelyn Campbell

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Jacquelyn C. Campbell, PhD, RN, FAAN, Anna D. Wolf Chair and Professor at the Johns Hopkins University, School of Nursing

Dr. Jacquelyn C. Campbell is the Anna D. Wolf Endowed Chair and a Professor in the Johns Hopkins University School of Nursing with a joint appointment in the Bloomberg School of Public Health as well as the National Program Director of the Robert Wood Johnson Foundation Nurse Faculty Scholars Program. Her BSN, MSN and PhD are from Duke University, Wright State University and the University of Rochester Schools of Nursing. She has been conducting advocacy policy work and research in the area of domestic violence since 1980. Dr. Campbell has been the PI of 12 major NIH, NIJ or CDC research grants and published more than 220 articles and seven books on this subject, including the textbook *Family Violence and Nursing Practice* with Janice Humphreys. She has been working on research & policy initiatives on the intersection of HIV & GBV since 2000, including a meeting of the IOM Forum on Global Violence Prevention specifically addressing the intersection in 2014. She has received numerous awards including elected membership in the Institute of Medicine and the American Academy of Nursing, three honorary doctorates, the Pathfinder Award from FNINR, and is Co-Chair of the IOM Forum on Global Violence Prevention. Dr. Campbell proudly is a member of the Board of Directors of Futures Without Violence, was a member of the congressionally appointed US Department of Defense Task Force on Domestic Violence, and has been a board member at 3 shelters.



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Natalia Aguirre
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National Family Justice Center Alliance
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National Family Justice Center Alliance

From Risk Assessment to Health Advocacy:
Danger Assessment Certification and the Alliance Health Services Toolkit

March 5, 2015 • 10:30am-12:00pm PST
San Diego, CA

Activity Evaluation Form

Providers: National Family Justice Center Alliance
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Subject Matter/Title: From Risk Assessment to Health Advocacy:
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Location: San Diego, CA – Webinar
Length of Presentation: 1.5 hours

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National Family Justice Center Alliance
Webinar Training

**From Risk Assessment to Health Advocacy: Danger Assessment Certification
and the Alliance Health Services Toolkit**

Jacquelyn Campbell PhD, RN, FAAN

Casey Gwinn, JD

March 5, 2015

Certificate of Attendance

1.5 Hours

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