



Gender, Homelessness, and Interpersonal Violence: Building Equitable Systems to Support Survivors

LEARNING LAB

May 13, 2022



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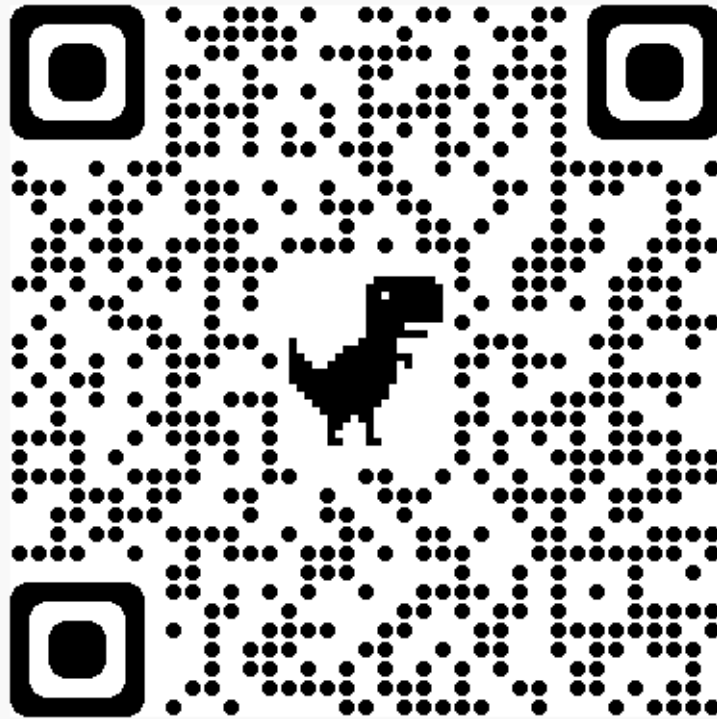
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Please complete the Pre-Training Survey Now

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<https://redcap.link/3lrtafey>



We have paper copies available if you cannot access the survey link or QR code.



National Training and Technical Assistance Partnership (NTTAP)

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Health Partners on IPV + Exploitation is led by Futures Without Violence (FUTURES) and funded by HRSA BPHC to work with community health centers to support those at risk of experiencing or surviving intimate partner violence, human trafficking, or exploitation and to bolster prevention efforts.

We offer health center staff ongoing educational programs including:

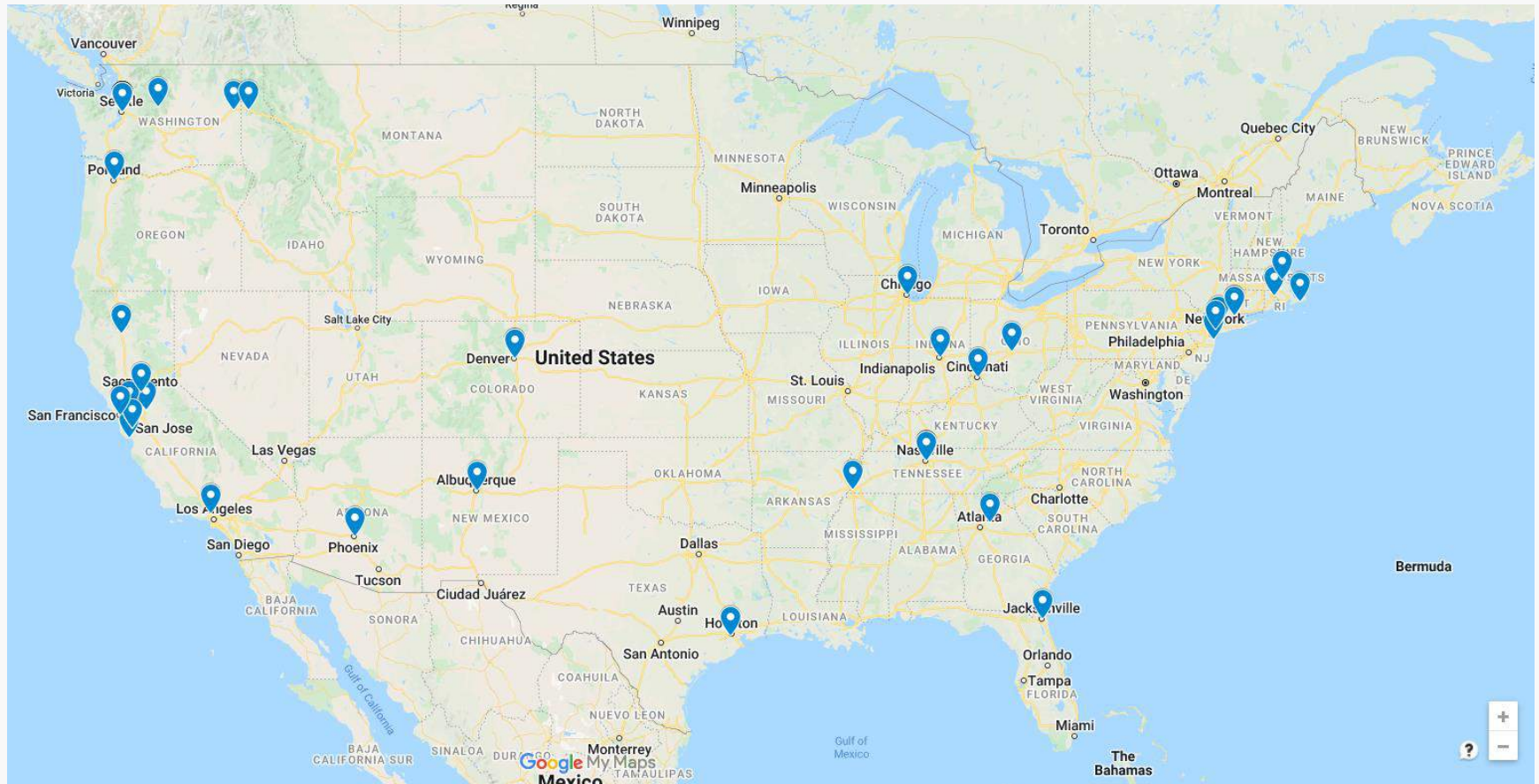
- ✓ Learning Collaboratives on key topics for small cohorts
- ✓ Webinars + archives
- ✓ Clinical and patient tools, an online toolkit, evaluation + Health IT tools

Learn more: www.healthpartnersipve.org www.futureswithoutviolence.org



Where we're from...

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Agenda, morning

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- 8:30 - 8:40 Intro/welcome/PreTraining Survey
- 8:40 - 8:50 Icebreaker/Agenda (slide 8)
- 8:50 - 9:00 Overview of NTTAP Big Picture Goals (slide9-15)
- 9:00- 9:35 Healing Centered Engagement (slides 15-30))
- 9:35-10:20 Making the Connections – IPV
- 10:20-10:30 UDS Measures
- **10:30 - 10:45 BREAK**



Agenda after the coffee break

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- 10:45 - 11:50 CUES 53-76
- **11:50 - 12:00** **BREAK**
- 12:00 - 12:10 Finish CUES Practice (78-79)
- 12:10 – 12:30 S for Supports UDS (81-91)
- 12:30 - 1:00 Trauma Informed Reporting and reflection (92-98)
- 1:00 – 1:15 Getting started with next steps (99-
- 1:15 - 1:30 Closing



Rock, Paper, Scissors Showdown!

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- Find a partner.
- Play "rock paper scissors" with your partner.
- The winner of the bout moves on to play with another winner near them.
- The winners keep moving around the room challenging other winners
- Others follow the winner of their bouts and cheer them on!
- The activity continues until there is only one person left – the Rock Paper Scissors CHAMPION!



The Heart of the Model: Building Meaningful Partnerships

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Partnerships help promote bi-directional warm referrals for clients/patients and increase staff engagement and support.



Download a sample MOU (see also *NHCHC Learning Lab PDF files*):

<https://ipvhealthpartners.org/partner/>

ARP Overlapping Goals

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- Last year (FVPSA) received a historic investment of **\$550 million** to assist states, territories, and tribes to provide access to COVID-19 testing, vaccines, and mobile health units and **specifically for domestic violence programs**
- Similarly, **\$1 billion** in ARP funding reached nearly **1,300 HRSA Health centers** across the US and territories to expand health centers, to build new sites and provide mobile health care, and to advance health equity and health outcomes in medically underserved communities, including through projects that support COVID-19 care.



Intersections of Domestic Violence and Primary Healthcare

Post-interaction surveys commenced on March 29, 2021. More than 3,400 surveys were administered. For the period June 23 - August 1, 2021, 242 of The Hotline's anonymous users voluntarily participated in the focus survey.

53%

reported that a partner who chooses to abuse has also controlled and/or restricted healthcare access

46%

of those respondents indicated the frequency or intensity of abuse increased during COVID-19

42%

agreed their healthcare provider spends time or talks with them without their partner present

"When it comes to my personal experience with the difficulties of health care, mental health is the toughest. To really get the support and guidance needed, weekly therapy appointments are crucial. If financial restraints are put on a survivor by their abusive partner, it's almost impossible."

"What has made me comfortable was finding care that didn't judge me and was exceedingly compassionate and trauma informed."

"I wish it was faster to get help. Making an appointment and waiting for weeks gives me time to change my mind. I feel like I'm not good enough to get help, or I feel judged by the health care workers."

"My partner never let me do anything alone, including going to the doctor. They would go with me into the doctor's office so I couldn't seek help or advice."

25%

felt that telehealth or virtual appointments were not safe for them

61%

affirmed having current health (physical, mental, or emotional) needs related to their abusive experience

66%

of those who didn't view telehealth / virtual healthcare appointment options as safe disclosed an increase in abuse during COVID-19

41%

were somewhat or extremely likely to be comfortable sharing their abuse experience with a healthcare provider

26%

affirmed the frequency / intensity of abuse increased during COVID-19 & expressed a need for assistance to address the increased abuse

Benefits of Health Center & DV Programs Partnerships

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- ✓ Safety support for health center staff + patients who experience DV/HT.
- ✓ Health enrollment for clients and staff (sick or not) + any children
- ✓ Help establishing a primary care provider (PCP) – moving away from emergency-level care
- ✓ COVID testing, vaccinations, mask distribution and home test distribution (available for staff and clients)

Aligns with American Rescue Plan priorities to provide access to COVID-19 testing, vaccines, and mobile health units for DV programs



About Domestic/Sexual Violence Advocacy Programs

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Domestic violence and sexual assault programs have vast experiences working with survivors of violence and assist them to identify ways to increase personal safety while assessing the risks.

Advocates connect patients to additional services like:

- ✓ Crisis safety planning (usually 24/hr hotline)
- ✓ Housing (emergency and transitional)
- ✓ Legal advocacy for IPV/HT, family court, immigration, labor
- ✓ Support groups/counseling
- ✓ Children's services
- ✓ Employment support

<https://nnedv.org/content/state-u-s-territory-coalitions/>



www.IPVHealthPartners.org online toolkit + CUES

Guidance on:

- ✓ Enhancing patient privacy
- ✓ Disclosing limits of confidentiality
- ✓ Universal education scripts
- ✓ Reaching friends and family
- ✓ Disclosures + supportive messages
- ✓ Warm referrals to local DV programs
- ✓ Safely sharing resources
- ✓ Tech privacy tips



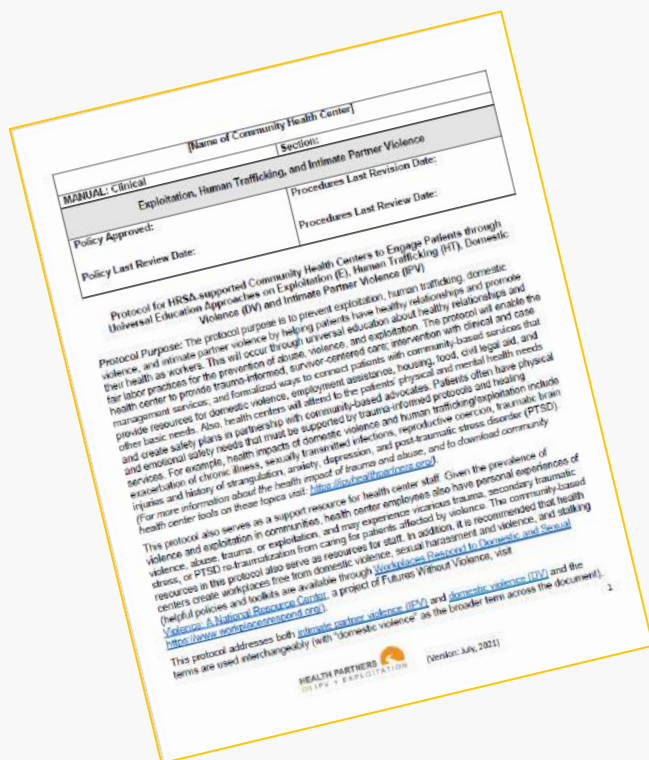
www.ipvhealthpartners.org

Developed by and for
community health centers in
partnership with domestic
violence programs

**+ New guidance on COVID-19
and telehealth support**

Protocol for HRSA-supported Community Health Centers to Engage Patients through Universal Education Approaches on Exploitation (E), Human Trafficking (HT), Domestic Violence (DV) and Intimate Partner Violence (IPV)

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Protocol Elements

- Descriptions of terms
- Clinic policies (language access, privacy, confidentiality)
- Training requirements
- Universal education framework / CUES
- Resources/support services partnerships
- Scripts
- Reporting requirements
- Documentation and coding guidelines

<https://healthpartnersipve.org/futures-resources/sample-health-center-protocol/> and see conference Learning Lab portal for PDF



How we want to be together

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Let's Take A Collective Moment to Ground Ourselves

THE INTERPRETER

A New Covid-19 Crisis: Domestic Abuse Rises Worldwide

Movement restrictions aimed to stop the spread of the coronavirus may be making violence in homes more frequent, more severe and more dangerous.



Taub, A. (2020). "A New Covid-19 Crisis: Domestic Abuse Rises Worldwide." The New York Times.



Healing-Centered Engagement

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“A healing-centered approach is holistic—involving culture, spirituality, civic action and collective healing. A healing-centered approach views trauma not simply as an individual isolated experience, but rather highlights the ways in which trauma and healing are experienced collectively.”



Ginwright, S. (2018). "The Future of Healing: Shifting From Trauma Informed Care to Healing-Centered Engagement," Medium.

- ✓ Supports staff with their own healing
- ✓ Asks systems to build in structures to address the realities facing staff
- ✓ Helps staff better support patients and be present
- ✓ Healing is a process we all need



Vicarious Trauma

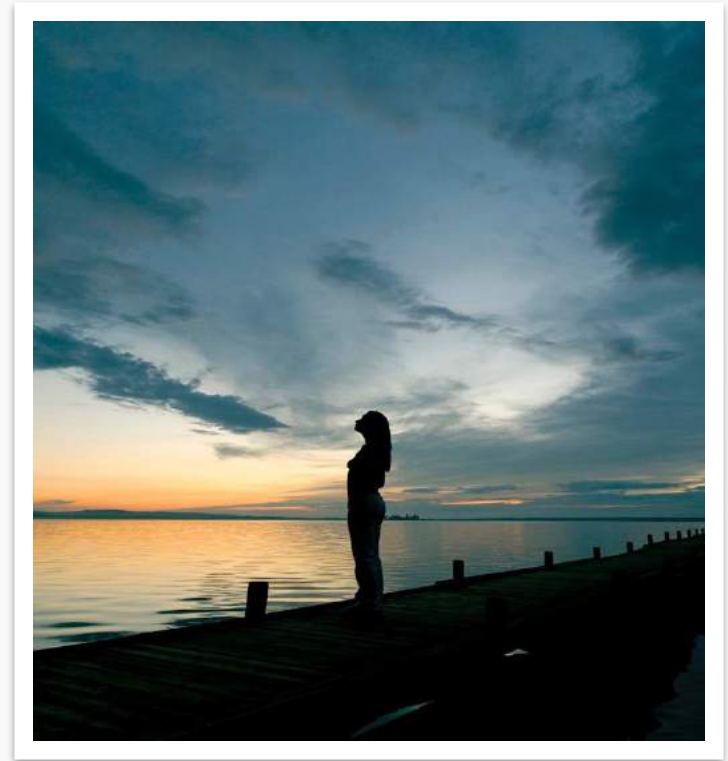
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Vicarious trauma is a change in one's thinking [worldview] due to exposure to other people's traumatic stories.

(David Berceli, 2007)

May include:

- Images
- Sounds
- Details we've heard which then come to inform our worldview



Self-Soothing vs. Self-Care

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At its core – mindfulness is an important component of self-care which can improve health and reduce burnout (Conversano, 2020)

This is hard people!

In “A Burst of Light” Audre Lorde writes,
“Caring for myself is not self indulgence it is self preservation and that is an act of political warfare.”
(Lorde, 1988)

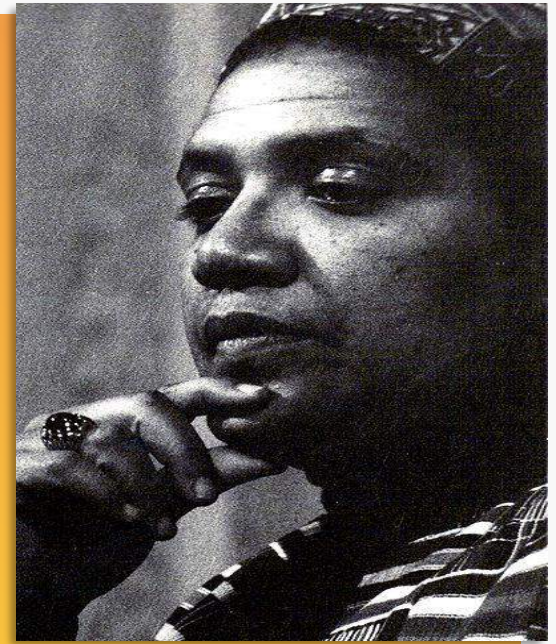


Photo by [K. Kendall](#), “Audre Lorde” from Flickr, CC BY 2.0



Practice Consideration #1: Mindfulness Based Intervention (MBI) to Increase Resiliency and Work Engagement

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High Stress Health Care Setting: Surgical Nurses:

- Poorer health due to stress reactivity (immune, autonomic, nervous system, and endocrine system)
- High blood pressure
- Lack of work satisfaction
- Impacts staff retention/costs to health system
- Absenteeism
- Inability to concentrate

(Steinberg, 2015)



Mindfulness Based Intervention (MBI): To Increase Resiliency and Work Engagement

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Intervention Arm:

- 40% reduction in stress hormones
- Significant difference in Breaths/30sec
- Significant increase in work engagement, vigor, and dedication (Utrecht scale)
- Increase in resiliency scores (Connor-Davidson Resiliency Scale)
- Improved job satisfaction scores

(Steinberg, 2015)



Quick Check-in About You

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- How often do you **check-in** (centered/grounded) with yourself before 'jumping in' with the next client?
- How often do you feel you have the time to do this? (never, sometimes, often?)
- Do your systems and colleagues support this kind of practice? (never, sometimes, often?)



Staying With Feelings

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When intense emotion/uncertainty is present, most of us have the tendency to move away instead of stay with feeling.

- Act instead of feel
- Start talking or rush to reassure
- Change subject
- Get emotional ourselves



Reading Our Own Cues

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**What am I like when I am
feeling balanced and
regulated?**

**Body
Feelings
Thoughts
Behavior**

**What am I like when I am
feeling dysregulated and not in
balance?**

**Body
Feelings
Thoughts
Behavior**



Call and Response: Mindful Self Regulation

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Can you give me an example of a mindful self regulation strategy you use?

- Breathing
- Grounding
- Self-talk
- Imagery



For short guided videos, see: Capacitar International <https://capacitar.org/>



Mantras Can Help

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- “I can only be myself in this moment.”
- “When I am myself, I am enough.”
- “Feeling helpless does not mean I am not helping.”
- What works for you?





What has the last
24 hours been like
for you so far?



Group Debrief

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- What was it like for you to have someone be present and really listen to you?
- What was it like to offer your attention to another person?
- Can you do this with a colleague before you go home to family/friends



Practice Consideration #2:

Reflective Practice Groups for Advocacy Wellness

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Reflection means stepping back from the immediate, intense experience of hands-on work and taking the time to wonder what the experience really means. What does it tell us?

- ✓ A cost-effective way to help staff with work-related stressors
- ✓ Safe, non-judgmental, and supports staff growth and self-awareness
- ✓ Provides positive regard and caring
- ✓ Is regular and reliable (monthly/bi-monthly)
- ✓ Improves team function
- ✓ Uses a strength-based approach
- ✓ Provides space for reflection

<https://www.futureswithoutviolence.org/wp-content/uploads/Handout-6-Reflection-Tip-Sheet-Finalized.docx.pdf>



Understanding Interpersonal Violence and Exploitation



What is Interpersonal Violence?

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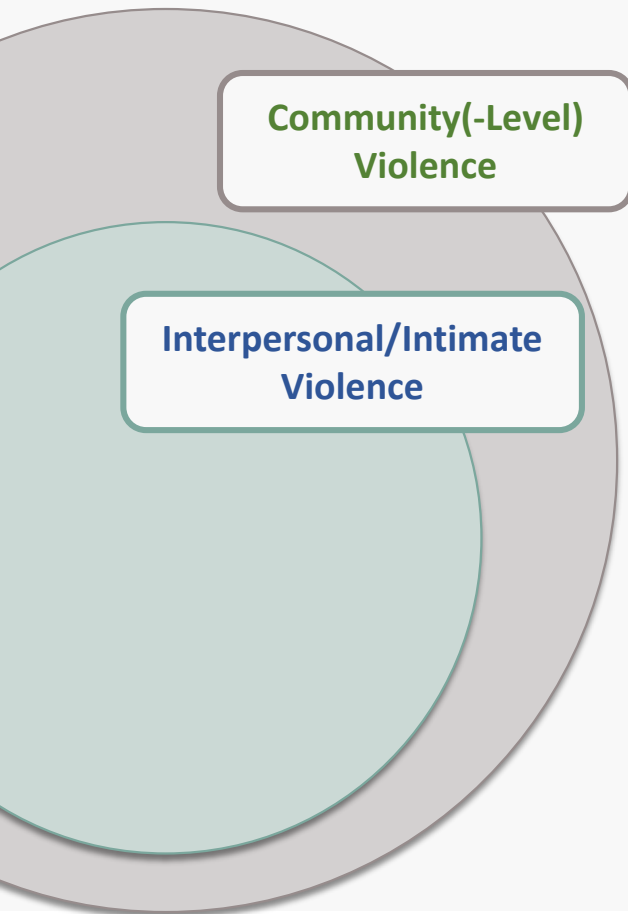
A **pattern** of behavior that someone (or multiple people) uses to gain **power and control** over another person in an intimate relationship.

- It is often a cycle that gets worse over time – not a one time ‘incident’
- Abusers use jealousy, outing, money, mental health and other tactics to be controlling and abusive – not just physical violence
- Leaving an abusive relationship is not always the best, safest or most realistic option for survivors
- Need to break down survivor/perpetrator binary - people use “abusive behaviors” to survive - everyone needs support



Interpersonal/Intimate Gendered Violence Across the Lifespan

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- Intimate partner violence/relationship abuse
- child sexual abuse
- sexual harassment
- rape and sexual violence
- elder abuse
- human trafficking + labor exploitation
- community violence
- white supremacist extremist violence
- gender policing/enforcement
- homo-, bi-, and transphobia
- sexism and *Misogynoir*
- HIV stigma

[API GBV Lifetime Spiral of Gender Violence](#); (Galtung, 1969) (Lee, 2019)(Bailey, 2021)



Institutional and Structural Gendered Violence



Structural Violence

Institutional Violence

Community(-Level) Violence

Interpersonal/Intimate Violence

- criminalization of sex work, drug use, HIV, homelessness
- forced sterilization/controlled reproduction
- police/prison-perpetrated sexual violence and brutality
- gentrification and racist housing policy
- immigrant detention + family separation
- labor exploitation, wage theft, poverty wages
- punitive family control systems
- lack of free universal childcare
- investment in policing, prisons, and surveillance as a solution to social problems
- employer-based healthcare
- disinvestment in public health, public education

<http://www.futureswithoutviolence.org/health/racism/> (Galtung, 1969) (Lee, 2019)

Common Tactics of Power and Control

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- Using extreme and controlling jealousy
- Isolation
- Using social status or privilege
- Physical Abuse
- Threats
- Verbal Abuse
- Sexual Assault
- Reproductive Coercion
- Emotional/Mental (psychological) Abuse
- Digital Abuse



Some Power and Control Tactics Used against Queer, Trans, and Nonbinary Individuals

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- Threaten to out a person's gender identity, sexual orientation, HIV or immigration status to friends, family or at work.
- Refuse to recognize the person's name, pronoun, identity or language – or imply that the person is not really the gender they say they are, or that they aren't 'real'.
- Fetishize or exoticize the other person's body without consent
- Destroy or hide the other person's clothing, prosthetics, accessories, make-up or mobility/accessibility aids
- Restrict the other person's access to medicine (hormones, anti-anxiety/depression, PrEP/PEP, substance replacement therapy) or health visits
- Hate crimes, police brutality



Interpersonal violence is common

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- Intimate Partner Violence affects 1 in 4 women; 1 in 9 men
- For people of trans and nonbinary experience, rates increase to 1 in 3.
- Because of oppression, rates are higher for marginalized and historically exploited people:
 - TLGBQI CDC NISVS, 2011; The Task Force, 2011
 - Black and Indigenous people
 - Migrant
 - People living with HIV

The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report.
Centers for Disease Control



Increased Prevalence in Trans Communities

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Compared with cisgender individuals, transgender individuals were:

- 1.7 times more likely to experience any IPV
- 2.2 times more likely to experience physical IPV, and
- 2.5 times more likely to experience sexual IPV.

Disparities persisted when comparing to cisgender women specifically.

(Peitzmeier, 2020)



Labor Exploitation, Labor Violations, Labor Trafficking: A Spectrum of Experiences

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Labor exploitation: an employer unfairly benefits from employee's work. Labor exploitation is not a legal term—in fact, not all forms of labor exploitation are illegal.

Labor violations: a legal term used when employers violate federal, state, or municipal laws related to worker treatment, workplace safety, or recordkeeping requirements.

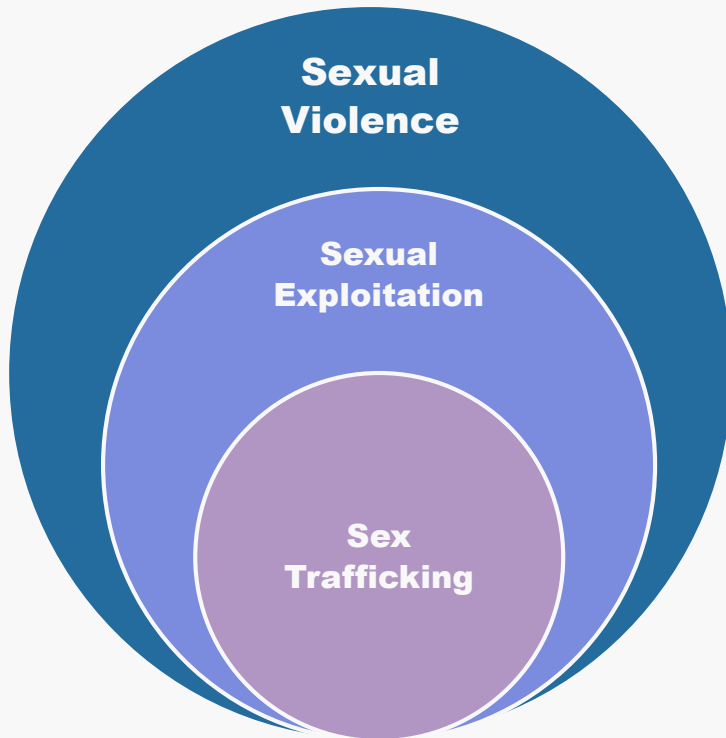
Labor Trafficking: The *recruitment, harboring, transportation, provision, or obtaining* of a person for *labor or services*, through the use of *force, fraud, or coercion* for the purpose of subjection to *involuntary servitude, peonage, debt bondage, or slavery*.

Adapted with permission from Morgan Baskall and Patricia Medige, Colorado Legal Services. "The Intersection of Labor Exploitation and Human Trafficking", Laboratory to Combat Human Trafficking. January 29, 2020. <https://www.combathumantrafficking.org/blog/2020/01/29/labor-trafficking/> (Accessed December 18, 2021)



Sexual Violence, Sexual Exploitation, Sex Trafficking: A Spectrum of Experiences

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Sexual Violence: includes rape, sexual assault, sexual harassment, nonconsensual image sharing, incest, child sexual assault, public masturbation, watching someone engage in private acts without their consent, unwanted sexual contact/touching

Sexual Exploitation: Actual or attempted abuse of a position of vulnerability, power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exchanges:

- Coercion from employers/workplace
- Coercive rent/debt exchange
- Trading drugs/children's sex

Sex Trafficking: The *recruitment, harboring, transportation, provision, or obtaining* of a person for 1) A commercial sex act induced by *force, fraud, or coercion*, Or 2) in which the person induced to perform such act has *not attained 18 years of age*



People Working in Sex Trades

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Spectrum of voluntary sex work and commercial sexual exploitation including different forms of sexual labor such as escort services, street-level sex work, pornography, exotic dancing, massage, internet/camming work, and phone sex.

Common survival strategy among:

- People experiencing homelessness
- Queer and trans people, especially youth
- People experiencing economic insecurity
- People living with mental or behavioral health challenges
- Survivors of interpersonal violence



Interpersonal Violence and Exploitation are Gendered Drivers of Homelessness

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Housing—whether temporary or permanent—is a primary concern for survivors of violence and exploitation.

- **Approximately 50%** of all respondents who identified as women and experienced homelessness report that intimate partner violence (IPV) led to their homelessness
- **80% of mothers experiencing homelessness** with children have previously experienced IPV



Power and Control: Vulnerability to Homelessness

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- **Some control tactics that impact housing security:**
 - Destroying credit or rental history
 - Defaulting on bills in the survivor's name
 - Preventing steady employment
 - Exposing survivors to housing discrimination
 - Loss of subsidized or affordable housing
- These barriers are further compounded for people who experience additional forms of discrimination, such as Black, Indigenous and other people of color, TLGBQIA+ communities, immigrants, persons with disabilities, and individuals experiencing poverty.



Health Impacts of IPV and HT

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- Anxiety, Depression, PTSD
- Asthma
- Barriers to healthcare
- Bladder and kidney infections
- Cardiovascular problems
- Gastrointestinal issues
- Chronic pain syndromes
- Sleep Problems
- STIs and HIV
- Suicidality
- Unintended Pregnancies

Intimate Partner Violence

- Anxiety, Depression, PTSD
- Back pain
- Barriers to healthcare
- Cardiovascular problems
- Dental pain
- Headaches
- Gastrointestinal issues
- Sleep problems
- STIs and HIV
- Suicidality
- Unintended Pregnancies

Human Trafficking



Perinatal, Reproductive, and Sexual Health

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- IPV is linked to an increased likelihood for rapid repeat and unintended pregnancy, low birth weight babies, preterm birth, and miscarriages
- Women disclosing physical abuse were 3 times more likely to have an STI
- Over half of women living with HIV have experienced domestic or sexual violence
- Trafficking survivors are more at risk for sexual health complications, unwanted pregnancy, and forced/unsafe terminations of pregnancy



(Sarkar, 2008; Raneri 2007; Lipksy 2009, Morales 2006, Silverman 2006; Zimmerman 2011, Machtinger 2012, Black 2011)



Traumatic Brain Injury and Strangulation

Studies show a range of **40%-91%** of women experiencing IPV have incurred a traumatic brain injury (TBI) due to a physical assault (Campbell, 2018)



More than
two-thirds
of IPV victims are **strangled**
at least once
{ the average is **5.3** times per victim }

(Chrisler & Ferguson, 2006; Abbott, 1995; Coker, 2002; Frye, 2001; Goldberg, 1984; Golding, 1999; McLeer, 1989; Stark, 1979; Stark, 1995)



IPV/Exploitation and Behavioral Health

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- Anxiety and/or depression
- Post-traumatic stress disorder (PTSD)
- Antisocial behavior
- Suicidal behavior
- Low self-esteem
- Emotional detachment
- Sleep disturbances
- Substance dependency

(Tjaden P, 2000; Coker AL, 2002; Mazeda 2010; Zimmerman 2011)



Substance Use Coercion

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Substance use is another way abusive partners exert power and control

Common methods include:

- deliberately introducing a partner to substances
- forcing or coercing them to use
- interfering with their access to treatment
- sabotaging their recovery efforts
- leveraging the stigma associated with substance use to discredit them with sources of safety and support



Increased Vulnerability to Substance Use Coercion

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- Compounding trauma of violence, housing insecurity, and systematic oppression make queer, trans and nonbinary folks more vulnerable to substance use coercion
- Young people are often exploited by traffickers either by introducing substance use or using existing addictions to control them. (Litam, 2017)



Small Table Work (5 min)

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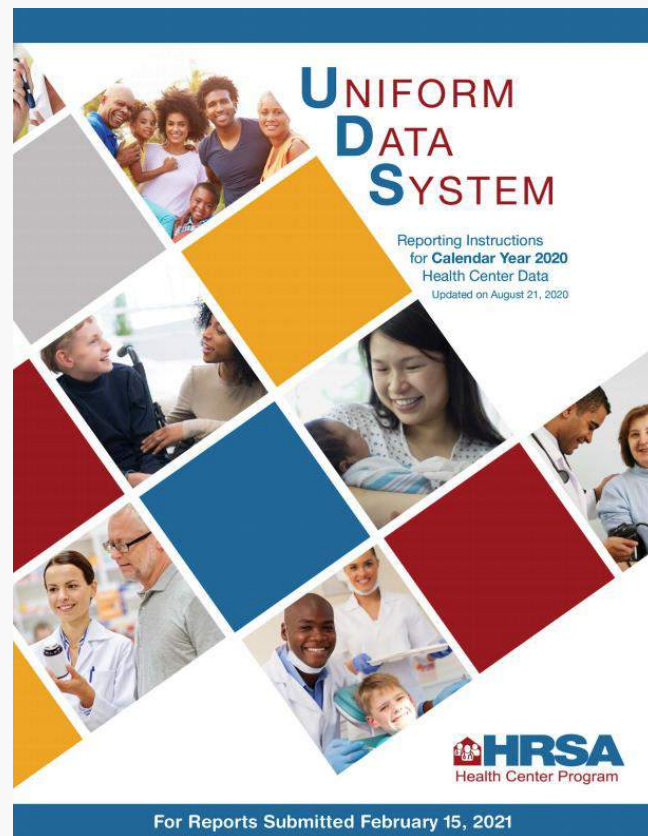
- As you think about this section—take a minute to reflect on any ah-ha moments.
- Did anything make you think differently about a patient with a complicated diagnosis?



IPV and HT Recognized in the UDS since 2020

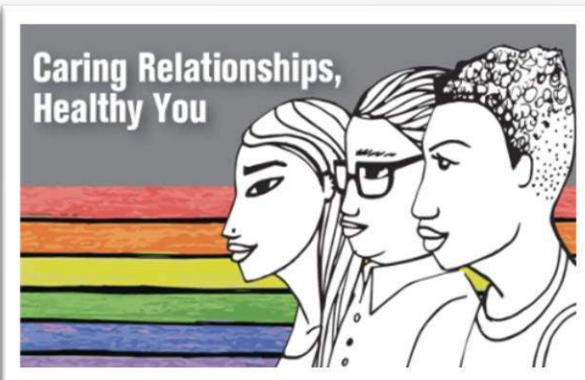
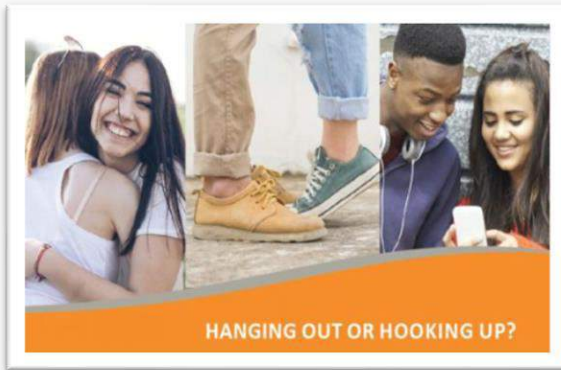
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- HRSA recognizes IPV and HT as complex public health issues
- 2020: First time IPV/HT data collected in UDS report
- Health centers report on data that can identify how many patients may have experienced IPV and/or exploitation



CUES, A Universal Education Approach

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Audience Question

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How many of you have, or know someone who has ever left something out of a medical history or intentionally misreported information to their healthcare provider?

Why is this the case?



Health Equity

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“Health equity means social justice in health”

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”



(Braverman, 2017)



Is Screening Effective?

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- The use of structured screening tools at enrollment **does not promote disclosure** or in-depth exploration of women's experiences of abuse.
- Women were more likely to discuss experiences of violence when nurses initiated open-ended discussions focused on parenting, safety or healthy relationships.



(Jack, 2016)



Shifting Away from Screening...

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“No one is hurting you at home, right?”

(Partner seated next to client as this is asked — consider how that felt to the patient?)



“Within the last year has he ever hurt you or hit you?”

(Nurse with back to you at her computer screen)

“I’m really sorry I have to ask you these questions, it’s a requirement of our clinic.” (Screening tool in hand -- What was the staff communicating to the patient?)



Universal Education

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Provides a strategy that shares power with clients by giving them key information about healthy and unhealthy relationships and where to get supports without requiring disclosure.



**** If you currently have IPV/HT screening as part of your health center requirements: we strongly recommend first doing universal education.***

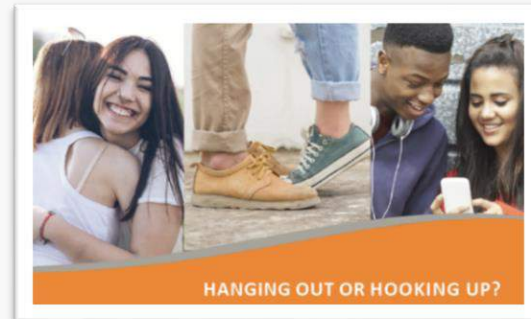


CUES: An Evidence-based Intervention Developed for IPV for In person and Virtual Visits

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Confidentiality Universal Education Empowerment Support

People Experiencing
Homelessness Safety Card
Available in English



You Matter

You, and your story, matter.

You deserve:

- ✓ Hope
- ✓ Respect
- ✓ Safety
- ✓ Kindness

No matter who you are, where you come from or what has happened—everyone deserves to be treated with dignity and respect regardless of race, gender or sexual orientation.



On Bad Days

Sometimes if you are being hurt the safest choice is to leave—even if that means being on the street.

- Being hurt, for some, means needing to exchange sex for money, food, showers, drugs or a place to sleep.
- Maybe you feel controlled or afraid of someone who is making you do things like this.

If this happened to you, you are not alone and it isn't your fault. No one deserves to be hurt or made to feel afraid. Everyone deserves support for healing.



This is what formerly houseless folks shared about what kept them going on the hardest days

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Finding Happiness

Your words matter, even on the hardest day find a way to say something positive: “This will be better” or “I’m going to make things better.”

Saying hopeful things often, and out loud, can help us with stress.

- ✓ *Love yourself—you deserve it*
- ✓ *Helping others can help us feel better too*
- ✓ *Choose supportive relationships and talk with friends*



IPV Health Partners Toolkit CUES Infographic QR code

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<https://ipvhealthpartners.org/wp-content/uploads/2021/01/CUES-graphic-1.12.21.pdf>



CUES

AN EVIDENCE-BASED
INTERVENTION TO ADDRESS
DOMESTIC AND SEXUAL VIOLENCE
IN HEALTH SETTINGS

shown to improve health and safety outcomes for survivors

Survivors say they want health providers to:

Be nonjudgmental * Listen * Offer information and support * Not push for disclosure

Chang, 2005; Miller, et al 2014; Miller, et al 2016; Miller, et al 2018

Confidentiality
Universal Education
Empowerment
Support



C: Confidentiality

- ▶ Know your state's reporting requirements and share any limits of confidentiality with your patients.
 - ▶ Always see patients alone for part of every visit so that you can bring up relationship violence safely.
- ! Make sure you have access to professional interpreters and do not rely on family or friends to interpret.

"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 unless you were to tell me about [find out your state's mandatory reporting requirements]."



UE: Universal Education + Empowerment

- ▶ Give each patient two safety cards to start the conversation about relationships and how they affect health.
- ▶ Open the card and encourage them to take a look. Make sure patients know that you're a safe person for them to talk to.

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



Safety cards are available for different settings, communities and in a variety of languages at ipvhealth.org

"I'm giving two of these cards to all of my patients. They talk about relationships and how they affect our health. Take a look, and I've also included one for a friend or family member. On the back of the card there are resources you can call or text, 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?"



S: Support

- ▶ Though disclosure of violence is not the goal, it will happen -- know how to support someone who discloses.
 - ▶ Make a warm referral to your local domestic/sexual violence partner agency or national hotlines (on the back of all safety cards).
 - ▶ Offer health promotion strategies and a care plan that takes surviving abuse into consideration.
- ! What resources are available in your area for survivors of domestic and sexual violence? How about for LGBTQ, immigrant, or youth survivors? Partnering with local resources makes all the difference.

"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. [Share name, phone and a little about your local DV program] I would be happy to connect you today if that interests you."



Everyone gets support

68

On the back of every safety card, there are hotlines that clients can use or share with someone who needs help.

National hotlines can provide support 24/7
via phone or online chat:

National Domestic Violence Hotline
1-800-799-7233 | TTY 1-800-787-3224
thehotline.org

National Sexual Assault Hotline
1-800-656-4673 | rainn.org

SAMHSA National Helpline
drug use and mental health support
1-800-662-4357

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Funded in part by the U.S. Department of Health and
Human Services' Administration on Children, Youth and
Families (Grant #90EV0414).



futureswithoutviolence.org



Video: Universal Education and Empowerment- Sometimes you have a minute

69



<https://youtu.be/vqQ0CqMDy-s>



Discussion

70

- Was the card for her?
- For her sister?
- Do we know?
- Does it matter?



Video: Universal Education and Empowerment- Sometimes you have more room for conversation

71



<https://www.youtube.com/watch?v=8crSI9M63Ns&t=3s>



Debrief

72

What stood
out to you?



Empowerment: Provider Interview

73



“[The card] made me feel empowered because...you can really help somebody...somebody that might have been afraid to say anything or didn’t know how to approach the topic, this is a door for them to open so they can feel...more relaxed about talking about it.”

(Miller, 2017)



Empowerment: You Are Not Alone

74

“They would bring out a card, basically walk in with it and she would open it and ask me had I ever seen it before? It was awesome. She would touch on, no matter what the situation you’re in, there’s something or some place that can help you. I don’t have to be alone in it. That was really huge for me because I was alone most of the time for the worst part.” - (Client)

**“[Getting the card]
makes me actually feel
like I have a lot of power
to help somebody...”
- (Client)**

(Miller, 2017)



CUES is Healing-Centered Engagement

75

**Builds
Relationships**

**Strength-Based
Caring Focused**

**Focus on
Altruism**

**Improves Access to
Advocacy**

**Empowers clients
and the folks they
care about**

**Shares power
between provider
and client**

“...the power of social support is more about mutuality than about getting for self...that is, there is a need to give, to matter, to make a difference; we find meaning in contributing to the well-being of others”. (J.V. Jordan, 2006)



Role Play

76

- Surabhi has been a client of yours for a couple of years
- She's coming in for a follow-up visit for an STI.
- She's a mom of two and has a history of trauma and resiliency.
- In recovery, working some, housing is precarious.
- Has a partner who is also in recovery but on last visit she shared that things started getting hard with them.
- Surabhi's partner earns more income.
- Surabhi works part time as her children are little and she can only work when they are in school.
- Provider Rebecca, just got trained in CUES and wants to share info with Surabhi today.



5 Min Group Activity: Make Your Own CUES Script

77

Remember you must include three things:

1. “I give two cards to all of my patients, so you can help others too.”
 2. “It’s about what people deserve in relationships (kindness, listening, respect) and what to do when relationships get complicated.”
 3. There are anonymous, free confidential hotlines/texts
- Think about a specific client and CUES framework—how would you personalize it?
 - Write down your script and how you’d start the conversation in an authentic way.—and then we’ll practice in small groups after the break.



10 Minute Break

78

- Stretch
- Coffee, tea, water
- Walk outside
- Take a break!



Small Groups

79

Groups of 3 people:

1. Provider
2. Client/Patient
3. Observer (keeps track of time)

- Everyone takes a turn playing each role.
- Rotate every 2-3 minutes.

10 minute activity



Debrief: Care, Share, and Aha!

80

What was it like to practice your scripts?



S: Important Reminder

81



**Disclosure
is not the goal
AND
Disclosures do
happen!**



S: What survivors say that they want providers to do and say

82



- Be nonjudgmental
- Listen
- Offer information and support
- Don't push for disclosure

(Chang, 2005)



Brené Brown on Empathy

83



<https://www.youtube.com/watch?v=HznVuCVQd10>



S: Advocates Can Be Lifelines

84

- Every state has a DV Coalition
- Remember that you can make a warm referral to an advocate!
- DV/IPV and sexual assault programs have vast experiences working with survivors of violence.
- Advocacy programs and sexual assault programs have experienced IPV or HT to think and act in a way to increase personal safety while assessing the risks.
- Advocates connect patients to additional services like:
 - ✓ Housing and Legal advocacy
 - ✓ Support groups/counseling

Download a sample MOU: <https://ipvhealthpartners.org/partner/>



Gender Affirming Community Partners: Please do your homework

85

Effective community resource mapping – means you know that you know

- “{However}, sometimes our advocacy work is impeded by the lingering, often unstated, even unconscious, belief in what is called gender essentialism: the view that women and men are fundamentally and permanently different on a biological level. One of the places this shows up is the mistaken belief that transgender women are actually men, and should not be allowed in spaces historically or currently intended for women.”

(Oregon Coalition on Sexual and Domestic violence,
<https://www.ocadsv.org/blog/post/advancing-gender-inclusive-services>)



THE NW NETWORK

HOME / WHO WE ARE / WHAT WE DO



NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS



Empowering. Healing. Connecting. [DONATE](#) [CONTACT](#) [✉](#) [f](#) [@](#) [t](#) [🔍](#)

FORGE [training](#) [resources](#) [connect](#) [collections](#) [about](#)

[service providers](#)
[trans communities](#)

Building strength and resilience in our

<https://forge-forward.org/resources/service-providers/>



THE FENWAY INSTITUTE

[The National LGBTQIA+ Health Education Center](#) provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

[Now Recruiting Participants for Our Studies](#)

Ansin Building
1340 Boylston Street
Boston, MA 02215

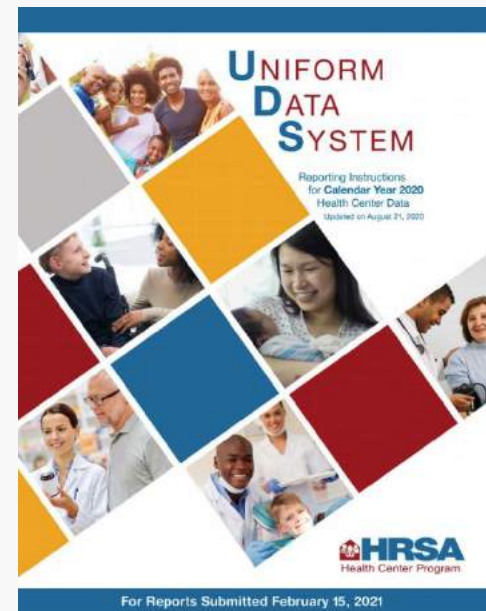
[Translate »](#) tion Center is a part of [The Fenway Institute](#), the research, training, and health policy

Reminder of UDS & ICD10 Coding Considerations

87

Practice and Patient Privacy/Safety Considerations

- Coding is dependent on disclosure or provider suspicion
- Does not capture other meaningful data, such as metrics more useful to patient care (universal education, referrals, closing loop)
- Risk of endangering patient if diagnosis obtained by abuser or trafficker
- MUST have policies and protocols before providers use codes



Trauma-Informed Documentation

88

- **Documenting universal education and available resources offered:**
“Universal education offered” (*Could use preventive service codes*)
<http://ipvhealthpartners.org/wp-content/uploads/2018/07/Preventive-Medicine-Service-Codes-and-privacy-principles.pdf>
- **Documentation with disclosure of intimate partner violence or HT**
“Health promotion and harm reduction strategies shared, referrals offered, and follow up discussed.” (*See Sample ICD10 codes above*)
- Keep documentation in confidential section of records
- Respect patient’s autonomy and concerns – omit documentation if requested
- Privacy Principles: Safety issue not just privacy issue for survivors
<http://ipvhealthpartners.org/wp-content/uploads/2018/07/Privacy-Principles-for-Protecting-Victims-of-Domestic-Violence-.pdf>



21st Century CURES Act

89

- On April 5, 2021, federal rules implemented the 21st Century Cures Act specifying that 8 types of clinical notes are among electronic information that *must not be blocked and must be made available free of charge to patients*.
- Domestic Violence can be exempted because sharing information may put patient at risk
- Implement policies that exempt IPV/HT disclosure from info blocking rule
- CURES Act Webinar ([June 23, 2021 10amPST/1pmPST](#))



Documentation and Coding

90

Given limits of complete privacy of records: offer patient control:

“While we will do our very best to keep your medical records confidential so that only staff who are helping to care for you have access - I cannot guarantee that no one else will ever see your record so if there anything you want me to shield, please let me know.”



Health Promotion + Harm Reduction = Safer Planning

91

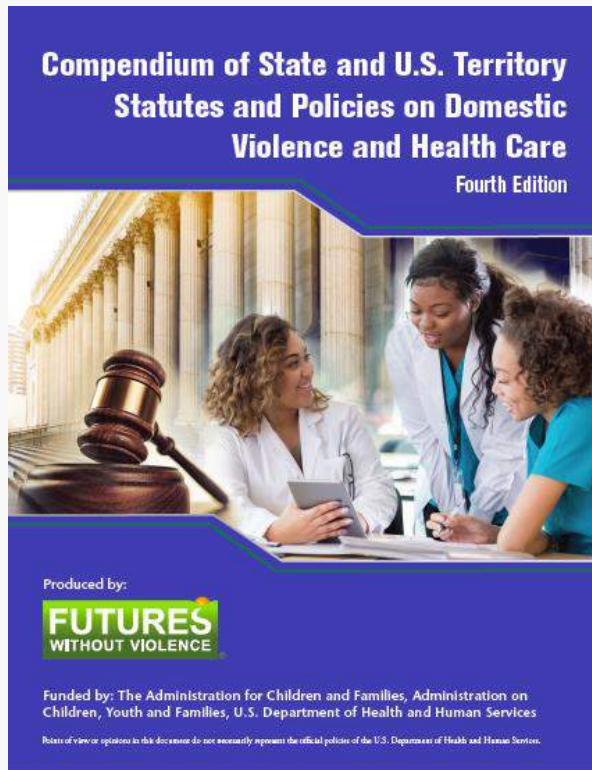
How can health center staff...

- Increase choice, power, options, safety, wellness, connections, knowledge
- Decrease isolation + barriers



State Laws on IPV

92



- Every state has unique reporting requirements.
- Most require reports for gunshot wounds, knife stabs/burns, however very few have requirements around reporting for adult DV.
- Adolescents are covered under child abuse reporting laws; elders have distinct elder abuse laws.
- Review your state's laws.

<http://www.futureswithoutviolence.org/compendium-of-state-statutes-and-policies-on-domestic-violence-and-health-care/>



When disclosure happen, and were mandated to report, how can we be healing centered in that process?



When our systems require reporting

94

***There's no one
I can trust***

The impact of mandatory reporting
on the help-seeking and wellbeing
of domestic violence survivors

Asking for Help and Being Reported

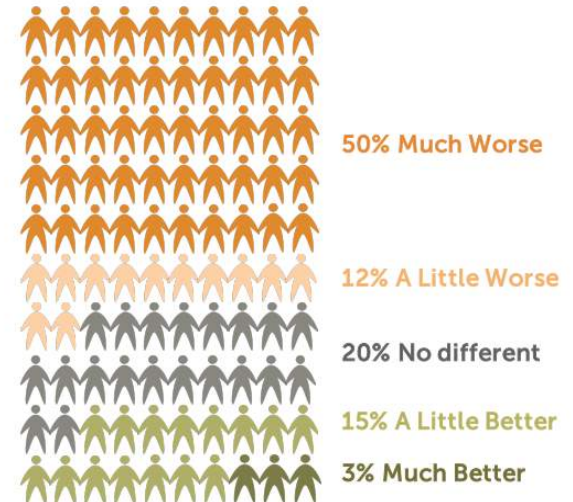
Of those who were reported:

Only **3 out of 10 (31%)** participants
received **any preparation** before the report was made.⁴



The majority of participants said the report made the situation worse or had no impact.

Half (50%) of participants who have been reported said it made the situation much worse.⁵



Mandatory Reporting as a Barrier to Seeking Support

95

- Quantitatively, of the 341 participants who were warned about mandatory reporting, **60.7% said the warning changed what they shared** to the person who issued it.
- Qualitative responses revealed that for nearly a third of participants (32.8%) who changed what they shared, **the warning led them to withhold information and/or misrepresent their experiences.**
 - “I did not disclose the most important problems, domestic violence and abuse.”
 - “I left out any physical parts of abuse towards children.”

(Lippy, 2020)



Reducing Harm In Mandatory Reporting

96



<https://www.youtube.com/watch?v=ZOL3yM04NrM&t=10s>



Large Room Debrief

97

What stood
out to you
from the
video?



Small Group Work

98

When thinking about patient disclosures and reporting...

What are you
most worried
about?

How are you
feeling?

Spend 5 min talking to your tablemates



Comprehensive response

99

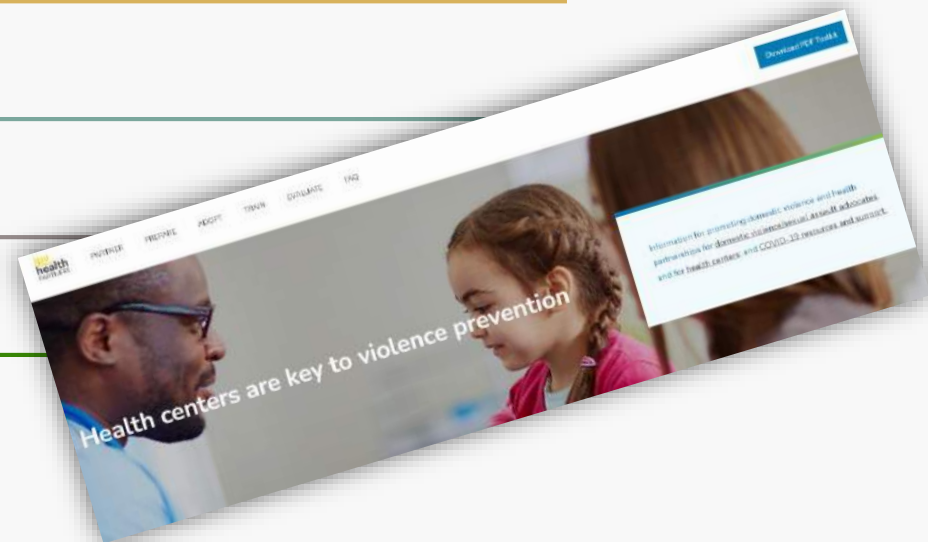
Partner

Prepare

Adopt

Train

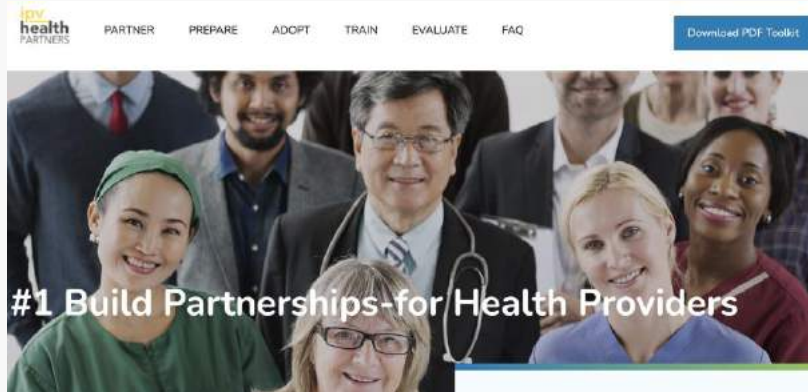
Evaluate



Partnerships with DV/community advocates

100

Partnering with advocates can make healthcare's job easier and survivors safer!



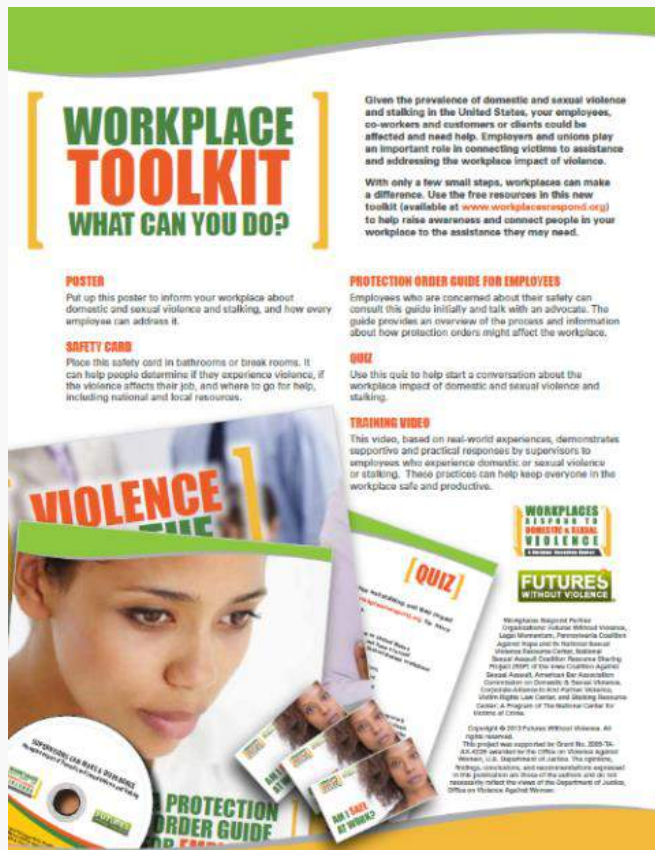
- Connect with your [local DV agency](#)
- Host cross-trainings with the DV agency to promote shared knowledge between staff
- Develop a survivor referral procedure between health setting and advocates
- Adapt the MOU



Prepare: Trauma Informed Workplaces

101

FUTURES' Workplaces Respond Toolkit



- Poster for the workplace
- Safety Card for Employees
- Protection Order Guide For Employees
- Supervisor Training Video
- Quiz

www.workplacesrespond.org



Healing Centered Environment

102

- Space to see patients alone for part of the visit
- Affirming visuals for queer + trans patients, language access, healthy relationships
- Getting consent before weighing patients
- Welcoming and comfortable environment
- What else?

<https://store.futureswithoutviolence.org/>



Adopting CUES universal education

103

CUES AN EVIDENCE-BASED INTERVENTION TO ADDRESS DOMESTIC AND SEXUAL VIOLENCE IN HEALTH SETTINGS
shown to improve health and safety outcomes for survivors

Survivors say they want health providers to:
Be nonjudgmental • Listen • Offer information and support • Not push for disclosure

C: Confidentiality

- Know your state's reporting requirements and share any limits of confidentiality with your patients.
- Always see patients alone for part of every visit so that you can bring up relationship violence safely.
- Make sure you have access to professional interpreters and do not rely on family or friends to interpret.

UE: Universal Education + Empowerment

- Give each patient two safety cards to start the conversation about relationships and how they affect health.
- Open the card and encourage them to take a look. Make sure patients know that you're a safe person for them to talk to.
- Offering safety cards to all patients ensures that everyone gets access to information about relationships, not just those who choose to disclose experiences of violence.

S: Support

- Though disclosure of violence is not the goal, it will happen -- know how to support someone who discloses.
- Make a warm referral to your local domestic/sexual violence partner agency or national hotlines (on the back of all safety cards).
- Offer health promotion strategies and a care plan that takes surviving abuse into consideration.
- What resources are available in your area for survivors of domestic and sexual violence? How about for LGBTQ, immigrant, or youth survivors? Partnering with local resources makes all the difference.

For more information or to order materials: **health@futureswithoutviolence.org**
contact the National Health Resource Center on Domestic Violence: **ipvhealth.org** | for community health centers: **ipvhealthpartners.org**

FUTURES
Evidence-Based Program
- place this poster in your health staff break room -

- Practice and develop scripting
- Think through how different roles would use it
- Try it out and debrief with colleagues
- Map out who would be best to provide UE in your setting
- Consider telemedicine application

<https://ipvhealthpartners.org/adopt/>



104

HEALTH PARTNERS
LIFE + EXPLOITATION

- Descriptions of terms
- Clinic policies (language access, privacy, confidentiality)
- Training requirements
- Universal education framework / CUES
- Resources/support services partnerships
- Scripts
- Reporting requirements
- Documentation and coding guidelines

<https://healthpartnersipve.org/futures-resources/sample-health-center-protocol/>



Setting/Population-specific Safety Card Tools

105

Population and Setting Specific

- Adolescent Health
- American Indian/Alaska Native, and Hawaiian
- College Campus
- HIV+
- Lesbian, Gay, Bisexual, Questioning (LGBQ)
- Parents and Caregivers
- Pediatrics and Home Visitation
- Pregnant or parenting teens
- Primary Care
- Reproductive Health Settings
- Transgender/Gender Non-conforming
- Muslim Youth

By language:

- Available in English and most in Spanish.
- Our Primary Care (General Health) safety card is available in the following languages: Armenian, Chuukese, Farsi, Hawaiian, Korean, Marshallese, Modern Standard Arabic, Simplified Chinese, Samoan, and Tagalog – store.futureswithoutviolence.org



Ordering, Localizing + Adapting Safety Cards

106

Consider adding in your logo, local hotline number/s, or other critical information for your specific community.

National Sexual Assault Hotline
24/7 | 1-800-656-4673 | rainn.org

National Domestic Violence Hotline
24/7 | 1-800-799-7233 thehotline.org

LGBT National Talkline (not 24/7)
1-800-246-7743 | glbthotline.org

To find out where to get EC:
bedsider.org/clinics/ec

Info on HIV prevention:
pleaseprepme.org

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FUTURES WITHOUT VIOLENCE

University of Delaware and Local Resources
UD Helpline 24/7/365
1-302-831-1001
Press 1 for SOS Victim Support
Press 2 for a Mental Health Clinician

Sexual Assault Response Center:
1-800-773-8570

Domestic Violence Hotline:
1-302-762-6110

For national resources and more info, visit: sites.udel.edu/sos

UNIVERSITY OF DELAWARE STUDENT LIFE

SOS

(College Campus Card)

Call 911 if you are in immediate danger.

FUTURES WITHOUT VIOLENCE
FuturesWithoutViolence.org

The National Domestic Violence Hotline is confidential, open 24/7, and has staff who are kind and can help you with a plan to be safer.
1-800-799-SAFE (1-800-799-7233)
TTY 1-800-787-3224 • www.thehotline.org

Text the Crisis Text Line to reach trained counselors about anything that's on your mind:
Text "START" to 741741 • www.crisistextline.org

Safe Passage

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Funded in part by the U.S. Department of Health and Human Services and Administration on Children, Youth and Families (Grant #903V0414).

Safe Passage, Violence Prevention Center
850 N. 4th St. • Coeur d'Alene, Idaho 83814
24/7 Crisis Line: 1-208-664-9303
For more information: www.safe Passageid.org

myPlan A tool to help with safety decisions if you, or someone you care about, is experiencing abuse in their relationship.
Download at: myPlanApp.org

(General Health Card)

Visit our online store: <https://store.futureswithoutviolence.org>

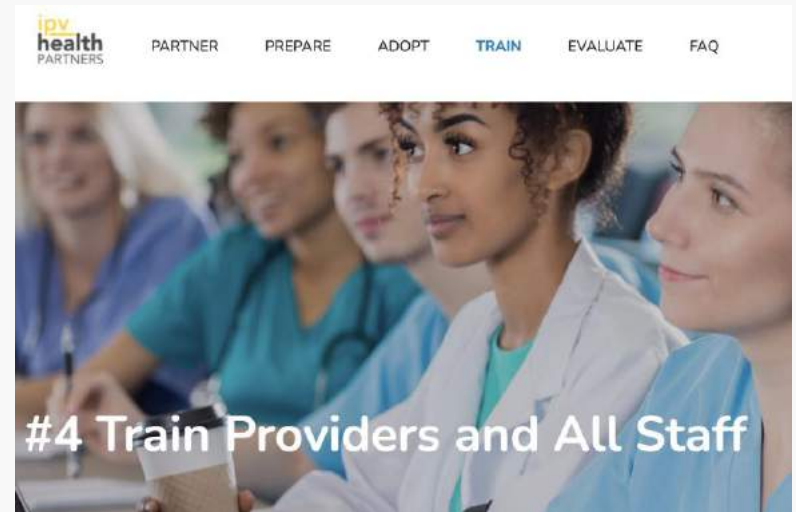


CUES Training

107

- I. Intimate violence 101
- II. Health impact of violence
- III. CUES intervention + practice
- IV. Building partnerships with advocates
- V. Healing-centered environments and equitable health workplaces

Special modules for: HIV, public health, LGBTQIA2S+, Adolescent health/SBHC, Repro health, home visitation, elder health, and more



<https://ipvhealthpartners.org/train/>



www.IPVHealthPartners.org online toolkit + CUES

108

Guidance on:

- ✓ Enhancing patient privacy
- ✓ Disclosing limits of confidentiality
- ✓ Universal education scripts
- ✓ Reaching friends and family
- ✓ Disclosures + supportive messages
- ✓ Warm referrals to local DV programs
- ✓ Safely sharing resources
- ✓ Tech privacy tips



www.ipvhealthpartners.org

Developed by and for
community health centers in
partnership with domestic
violence programs

+ New guidance on COVID-19 and telehealth support

Trauma-Informed Client Health Brochure

109



FUTURES worked in partnership with Olga Trujillo, JD and the National Center on Domestic Violence, Trauma & Mental Health to develop a health brochure for those who have survived childhood or adult violence/abuse.

Helps patients with trauma-informed answers to the following questions:

- ✓ Why do I avoid visits, or have a hard time remembering what my provider tells me?
- ✓ What can I do to make my dental or health care visits less scary, or hard?



Small Group Reflection

What needs to be in place for implementation at your health center?

What do you need to feel supported in doing this work?

What are the next steps you can take to move towards implementing CUES in your setting?



Two Upcoming Health Partners on IPV + Exploitation Learning Opportunities

111

1. Webinar on Strategies to Support Farmworkers Experiencing IPV or Human Trafficking

- Tuesday, May 24, 2022
- 10am PT / 11am MT / 12pm CT / 1pm ET (1 hour)
- For more info and to register: <https://healthpartnersipve.org/learning-opp/agricultural-workers-experiencing-ipv/>

2. Webinar on Adolescent Health and Confidentiality in the Age of Open Notes and Telemedicine

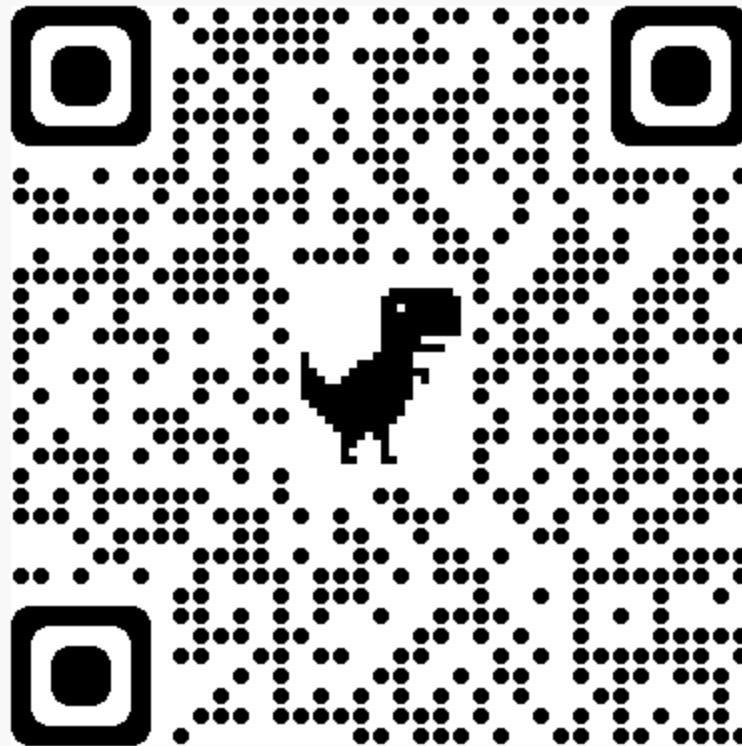
- Wednesday, June 1, 2022
- 10am PT / 11am MT / 12pm CT / 1pm ET (1 hour)
- For more info and to register: <https://healthpartnersipve.org/learning-opp/adolescent-health-and-confidentiality/>



Please complete the Post-Training Survey Now

112

<https://redcap.link/dli3diho>



We have paper copies available if you cannot access the survey link or QR code.



