



Evidence-Based and Promising Interventions to Address the Intersections of IPV and Maternal Health



Proporcionaremos interpretación en español.

Spanish/ASL interpretation will be provided.

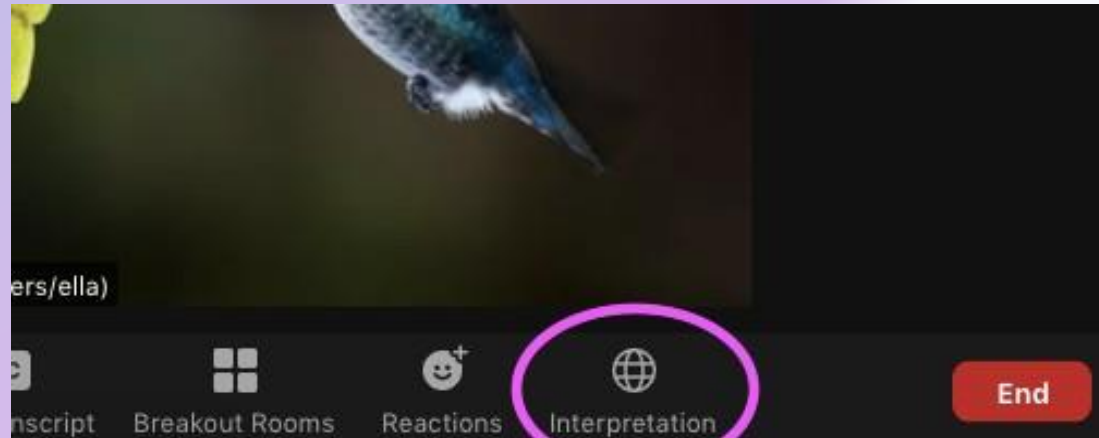
Webinar will be recorded/ Se grabará el seminario web



How To Access Language Interpretation on Zoom

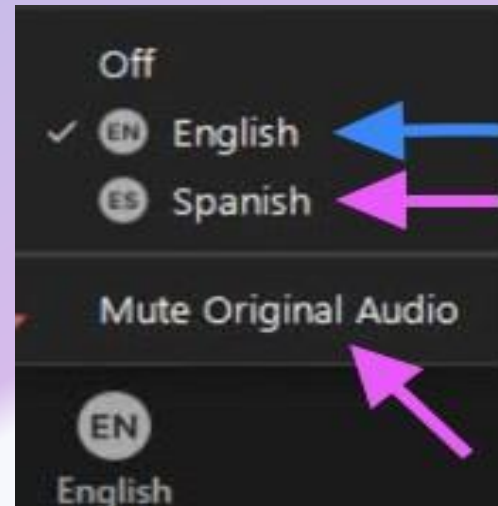
Cómo Activar
la Interpretación
de Idiomas en Zoom

On your computer, find the Interpretation Globe Icon at the bottom of your screen



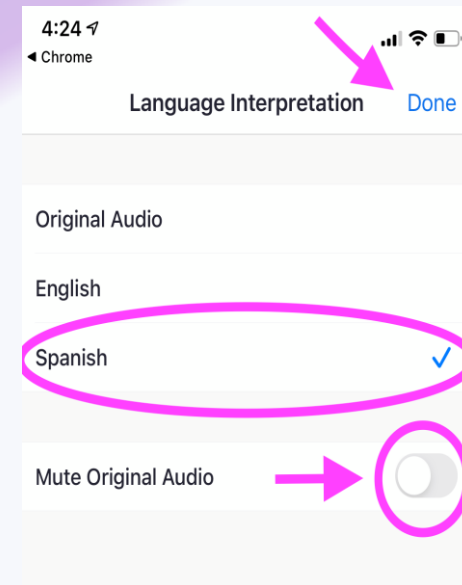
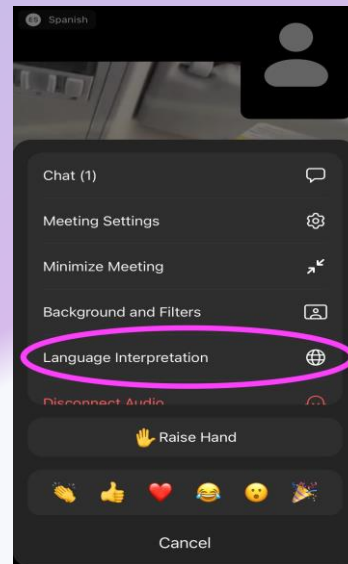
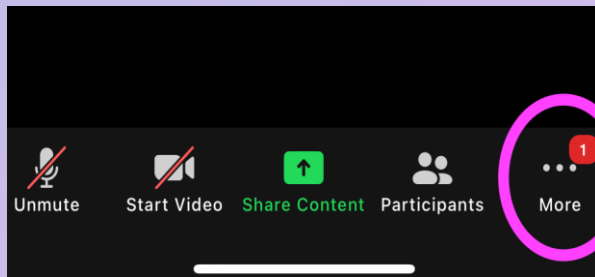
En su computadora, busque el globo terráqueo que dice Interpretación en la parte inferior de su pantalla.

Choose English as
your language. Make sure to
NOT mute original audio so
that you can hear the main
room



Seleccione Español. Asegúrese
de Silenciar Audio Original,
si solo desea escuchar
al intérprete

**If you are on a smart device, look for the three dot menu and choose Language Interpretation.
Then, select English.**



Desde un dispositivo inteligente, busque el menú de tres puntos y elija Interpretación. Después, escoja “Español” y si lencie el audio original.

OTHER USEFUL TIPS:

- * **Mute your mic** unless you are speaking.
- * Spanish is 15 to 30% longer than English. **Don't rush** when speaking.
- * **Expand acronyms every time** you say them.
- Interpretation is not available from a Chromebook or if you dial into Zoom.

OTROS CONSEJOS ÚTILES:

- * **Silencie su micrófono** si no está hablando.
- * **No se apresure al hablar.**
- * **No utilice acrónimos al hablar.**
- * **No podrá acceder a la interpretación a través de un Chromebook o si marca por teléfono a la reunión de Zoom**

**If you have any questions
regarding interpretation, please
post them in the chat so that a
facilitator can help you.**

**Si tiene alguna pregunta o
dificultad para acceder a la
interpretación, escriba en el
chat para que le ayude un
facilitador.**





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





Dr. Kristyn Brandi , MD MPH FACOG
(she/ella)
The American College of Obstetricians &
Gynecologists



Samantha Daniels
She/her/hers
Survivor Leadership Cohort
Participant



Virginia Duplessis
She/her/hers
Health Partners on IPV + Exploitation
Futures Without Violence



Rebecca Levenson
She/her/hers
Health Partners on IPV + Exploitation
Futures Without Violence



Paige Morrissey
She/Her/Hers
Health Partners on IPV+ Exploitation
Futures Without Violence



Megha Rimal
She/her/hers
Health Partners on IPV + Exploitation
Futures Without Violence



Agenda

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- Introduction/Check-in
- Intersection between IPV and Maternal Health
- CUES intervention
- Panel Conversation
- Questions – Please use Q + A feature on Zoom



Learning Objectives

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- Explain the intersection between IPV and maternal health and health equity
- Identify three survivor-centered IPV prevention and intervention practices and strategies
- Define the IPV evidence-based intervention and CUES
- Integrate tools that can be used to build partnership and collaboration between health centers and DV organizations





**Let's Take A
Collective
Moment To
Ground
Ourselves**



Chat Box Question

13

In the chat box, please type a word that sums up your feelings today?



You May Be a Lifeline

14

You may be:

- The first responder for families experiencing IPV
- The only other person in contact with the families and parents you support
- The only kind word heard
- The only access to information on help and safety



SMART
CREATIVE
CARING
LOVING
CONNECTED



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



Mindful Self-Regulation (MSR) Strategies

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Breathing



Grounding



MSR Strategies

17

Self-Talk



Imagery




Photo by Bruno from pixabay, Pixabay License



Intimate Partner Violence (IPV) Includes:

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- Physical
- Sexual
- Emotional
- Economic
- Reproductive Coercion
- Trafficking



Power and
Control in
Relationships



Prevalence of Intimate Partner Violence (IPV)

19



1 IN 3

Women have experienced physical or sexual violence at some point in the lives



2 IN 3

victims of intimate partner or family related homicide are women

1 in 3 American women

- Highest risk ages 18-24
- High percentage of mothers

Cuts across all race, class, sexual orientation/gender identity, but some groups more at risk...

- Black, indigenous, and other people of color
- Transgender/non-binary/GNC people

<https://www.cdc.gov/violenceprevention/pdf/nisvs-statereportbook.pdf>



Chat Box Question

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**How does domestic violence
impact women's perinatal
health and their birth
outcomes?**



IPV During Pregnancy

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Physical DV in 12 months prior to pregnancy increases the risk of:

- High blood pressure or edema
- Vaginal bleeding
- Severe nausea, vomiting, or dehydration
- Kidney infection or urinary tract infection
- Placental abruption
- Preterm birth

(Bailey, 2010)



Homicide and Suicide

22

- **45.3%** of pregnancy-associated homicides were DV-associated.
- **54.3%** of pregnancy-associated suicides involved intimate partner conflict attributable to the suicide.

(Pandino et al, 2011)



Shift in Conversations

23

- Institutional racism, implicit bias, inclusivity: birthing people and mothers
- Maternal disparities and birthing outcomes continuing to shift to prevention and community-based support
- Recognition of bad outcomes associated with IPV with system involvement that disproportionately impact families of color
- People who are hurt sometimes hurt people – seeing the big picture of intergenerational trauma and resilience and hope



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)



Maternal Mortality and Morbidity Report

25

- ✓ In Illinois, non-Hispanic Black women are six times as likely to die of a pregnancy-related condition as non-Hispanic White women.
- ✓ Black women were about three times as likely to die within a year of pregnancy as women of any other race/ethnicity.
- ✓ Homicides accounted for 15 percent of all pregnancy-associated deaths for Black women. In contrast, homicide was a very rare cause of pregnancy-associated death for White women (2%).



FEATURE

Why America's Black Mothers and Babies Are in a Life-or-Death Crisis

The answer to the disparity in death rates has everything to do with the lived experience of being a black woman in America.

<https://www.nytimes.com/2018/04/11/magazine/black-mothers-babies-death-maternal-mortality.html>



Historic and systemic oppression shape our responses

- Mothers of color are often seen by systems as a problem rather than a source of protection and resilience
- At least ½ of child welfare caseloads involve IPV, however the system is not structured to address that
 - More than half (53%) of all Black children and their parents will experience a child abuse or neglect investigation
- Child welfare system interventions do not address or solve the actual challenges parents and children face or improve their well-being.
- Creates new trauma, and frequently undermine protective factors for children

WASHINGTON STATE COALITION

WSCADV

AGAINST DOMESTIC VIOLENCE

Impact of Mandatory Reporting

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

*There's no one
I can trust*

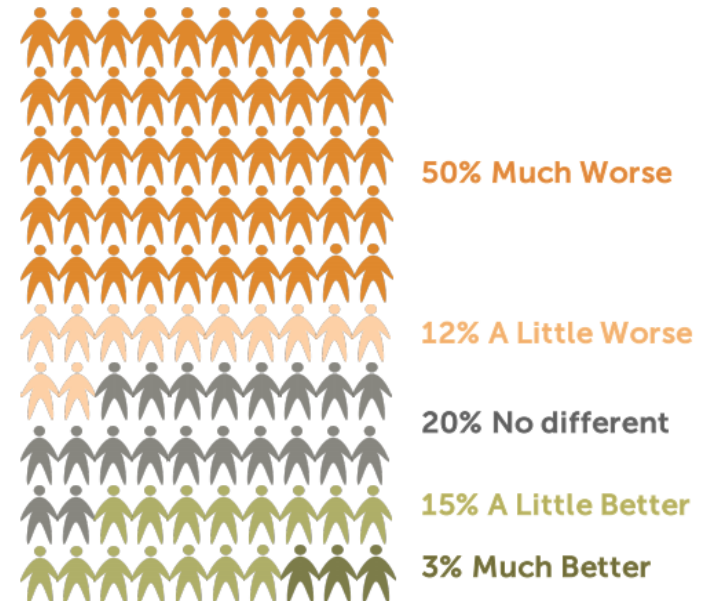
Of those who were reported:

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



Impact of Mandatory Reporting

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- 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)



Chat Box 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/home visitor?



Universal Education Approach = Centering Equity

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Challenging the limits of disclosure-driven practice and focusing on universal education provides a strategy to treat clients with respect by giving them key information about healthy and unhealthy relationships and where to get supports without requiring disclosure to get them.

- *We strongly recommend first providing universal education prior to IPV screening.*



CUES: An Evidence-Based Intervention

Confidentiality
Universal Education
Empowerment
Support



[Connected Parents Connected Kids Card](#)

IPV/CPCCKs Support Cards available in English and Spanish



Video: Patient Empowerment

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Step 1: Opening CUES Script (*Are you Centered?*)

34



“We’re giving these cards to all the families in our program—they have great info on how to build healthy homes.

We give two cards, or you can share it electronically with the QR code so you have the info for yourself and also so you can help friends or family.
”



Step 2: You Matter Script

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You Matter

As a caregiver of kids, you want the best for them.
Maybe that's a big change from how you or your kids
were treated in the past.

- ✓ Everyone is worthy of hope, respect, support and kindness.
- ✓ Parenting can be lonely.
- ✓ Everyone deserves someone to talk to about parenting and relationships.

It's ok to ask for help!



- “In this card it’s like they are kinda breaking down the real stuff in people’s lives that we don’t always talk about...”
- “Like laying out what helps families and what people deserve—being treated with respect, kindness, being listened to, feeling safe and being supported in parenting.”



Step 3: Complicated Relationships Script

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Complicated Relationships

Sometimes people hurt us—could be parents, partners, or others who do this.

- ✓ Sometimes we don't get support for ourselves, or support with parenting from the people we want it from the most.
- ✓ Sometimes we don't get to make decisions about money or the way we are treated physically or mentally.
- ✓ Sometimes hurting others or being hurt yourself makes people feel ashamed or afraid they can't change.

No relationship is perfect, sometimes we need help. We all deserve to live without fear.

- “The other piece I wanted to share is that all relationships sometimes get complicated or hard. Like name calling, fighting or other stuff that may be controlling or hurts us emotionally or physically.”
- “This card helps us talk about how common relationship stress and problems and what helps. Talking about this is so important because kids and babies need parents to be in the best possible space when things are rough—and supports can help.”



Step 4: National Resources Script

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When we help others it helps us too!



FuturesWithoutViolence.org

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

2-1-1 is a 24/7 confidential referral system to get connected to—food banks, substance use, mental health, parenting supports, childcare and help with relationships.

Funded in part by the U.S. Department of Health and Human Services and Administration on Children, Youth and Families (Grant #90EV0529). ©2022 Futures Without Violence. All rights reserved.

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Every parent needs support at some point.

Scan this code for more resources.



NATIONAL PARENT HELPLINE is staffed with trained advocates who offer nonjudgmental support and advice when you need it.

PHONE: 855-427-2736

<https://nationalparenthelpline.org>

NATIONAL DOMESTIC VIOLENCE HOTLINE has anonymous 24/7 help --for both people who are being hurt --and for those who cause hurt.

www.Thehotline.org 1-800-799-SAFE

Text "Start" to 88788 TTY 1-800-787-3224

“Here are free anonymous helplines on the back of the card—stuff you can share with friends and family too.

They have trained advocates who are not judgmental and give support and advice for complicated relationships both for people who are being hurt and those that cause hurt.

Also, there is a supportive parenting helpline—for times when you are feeling overwhelmed or frustrated with your child.”

Chat Box Question

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What happens when it gets framed this way?

- “We’re giving these cards to all the families in our program—they have great info on how to build strong kids and healthy homes. We give two cards so you have the info for yourself but also so you can help friends or family.”

**Thoughts on
CUES?**

Healing-Centered Engagement

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**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.” (Jordan, 2006)

S: Important Reminder

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



S: What Survivors Say They Want From Providers

41

- **Be Nonjudgmental**
- **Listen**
- **Offer Information & Support**
- **Don't Push for Disclosure**

(Chang, 2005)



Building Meaningful Partnerships

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



DV Advocacy Partner
Improve health and
wellness for DV/HT
survivors



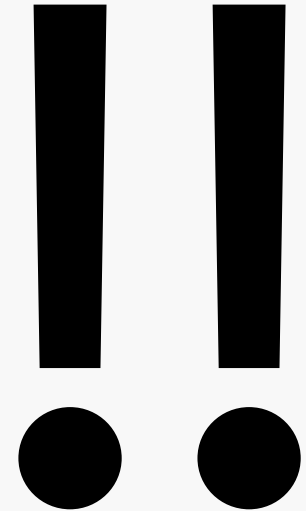
**Community Health
Center Partner**
Improve health and
safety through "CUES"

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

Reminder

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- Leaving a relationship should never be your goal for a client.
- Leaving comes with the highest likelihood for homicide or acute victimization.
- Staying might be the safest choice.
- Abuse is not about losing your temper
- Abuse is intentional



Things to Remember

44

- You can't fix it
- Success is in the seeds you plant
- You don't know when the seed is going to sprout
- Don't underestimate the power of listening and believing
- *Feeling helpless does not mean you are not helping*



Disclosure is Not the Goal, but When They Happen...

45

The DV hotline is also there for YOU

- To provide guidance, discuss cases and discuss resources and expertise
- Leaving is not the goal (More dangerous?!)
- The goal is to reduce isolation
- DV Advocates can support you and your client to navigate resources and support survivors with their identified priorities

When we help others it helps us too!



FuturesWithoutViolence.org

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Text "Start" to 88788 TTY 1-800-787-3224

Things to say to people who have experienced harm:

I believe you.

**I am so sorry
this is
happening
to you.**

**Thank you for
sharing this.**

**I don't even
know what to
say right now,
but I am so
glad you told me.**

**You don't
deserve this.**

**Thank you for
telling me.**

**It's not
your fault.**

**You are
not alone.**

**You get to
choose what
you do next.**

Health Center Protocol- IPV/HT/E

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Go to Health Partners on IPV
+ Exploitation website and
search under resources to
download.

[https://healthpartnersipve.org/
futures-resources/sample-
health-center-protocol/](https://healthpartnersipve.org/futures-resources/sample-health-center-protocol/)

[Name of Community Health Center]	
MANUAL: Clinical	Section:
Exploitation, Human Trafficking, and Intimate Partner Violence	
Policy Approved:	Procedures Last Revision Date:
Policy Last Review Date:	Procedures Last Review Date:

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)

Protocol Purpose: The protocol purpose is to prevent exploitation, human trafficking, domestic violence, and intimate partner violence by helping patients have healthy relationships and promote their health as workers. This will occur through universal education about healthy relationships and fair labor practices for the prevention of abuse, violence, and exploitation. The protocol will enable the health center to provide trauma-informed, survivor-centered care; intervention with clinical and case management services; and formalized ways to connect patients with community-based services that provide resources for domestic violence, employment assistance, housing, food, civil legal aid, and other basic needs. Also, health centers will attend to the patients' physical and mental health needs and create safety plans in partnership with community-based advocates. Patients often have physical and emotional safety needs that must be supported by trauma-informed protocols and healing services. For example, health impacts of domestic violence and human trafficking/exploitation include exacerbation of chronic illness, sexually transmitted infections, reproductive coercion, traumatic brain injuries and history of strangulation, anxiety, depression, and post-traumatic stress disorder (PTSD). (For more information about the health impact of trauma and abuse, and to download community health center tools on these topics visit: <https://ipvhealthpartners.org/>).

This protocol also serves as a support resource for health center staff. Given the prevalence of violence and exploitation in communities, health center employees also have personal experiences of violence, abuse, trauma, or exploitation, and may experience vicarious trauma, secondary traumatic stress, or PTSD re-traumatization from caring for patients affected by violence. The community-based resources in this protocol also serve as resources for staff. In addition, it is recommended that health centers create workplaces free from domestic violence, sexual harassment and violence, and stalking (helpful policies and toolkits are available through [Workplaces Respond to Domestic and Sexual Violence: A National Resource Center](https://www.workplacesrespond.org/), a project of Futures Without Violence, visit <https://www.workplacesrespond.org/>).

This protocol addresses both [intimate partner violence \(IPV\)](#) and [domestic violence \(DV\)](#) and the terms are used interchangeably (with "domestic violence" as the broader term across the document).

(Version: July, 2021)

1

Quality Assessment / Quality Improvement Tool (QA/QI)

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- ✓ Guiding questions to assess quality of care related to promotion of healthy relationships and intervention related to intimate partner violence (IPV), human trafficking (HT), and exploitation (E) within their health care delivery
- ✓ A benchmark for each health center to engage in ongoing quality improvement efforts
- ✓ Complete every six months to track policy changes and implementation status



QA/QI tool



Our Panel

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**Dr. Kristyn Brandi , MD MPH
FACOG**
(she/ella)
The American College of
Obstetricians & Gynecologists



Samantha Daniels
She/her/hers
Survivor Leadership Cohort
Participant



Virginia Duplessis- Facilitator
She/her/hers
Health Partners on IPV + Exploitation
Futures Without Violence



Upcoming Learning Opportunities

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**Learning Collaborative: Intimate
Partner Violence and Maternal
Health: Evidence-Based and
Promising Interventions**

**Deadline: Feb 8th, 2023, midnight at
your local time zone**

[Link Here](#)

**Webinar: Addressing Partner
Inflicted Brain Injuries With a
Health Equity Lens**

**Monday, Jan 31st at 10am PT
/ 11am MT / 12pm CT /
1pm ET (90mins)**

[Link Here](#)



Evaluation

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Evaluation Link (English and Spanish)

[Intimate Partner Violence and
Maternal Health: Evidence-Based
and Promising Interventions](#)

thank you!

Stay connected by signing up for our monthly e-list
Catalyst for Change

To sign up, see bottom of page:
www.healthpartnersipve.org

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