

ABORDAR LAS LESIONES CEREBRALES INFLIGIDAS POR PAREJAS DESDE LA ÓPTICA DE LA EQUIDAD SANITARIA



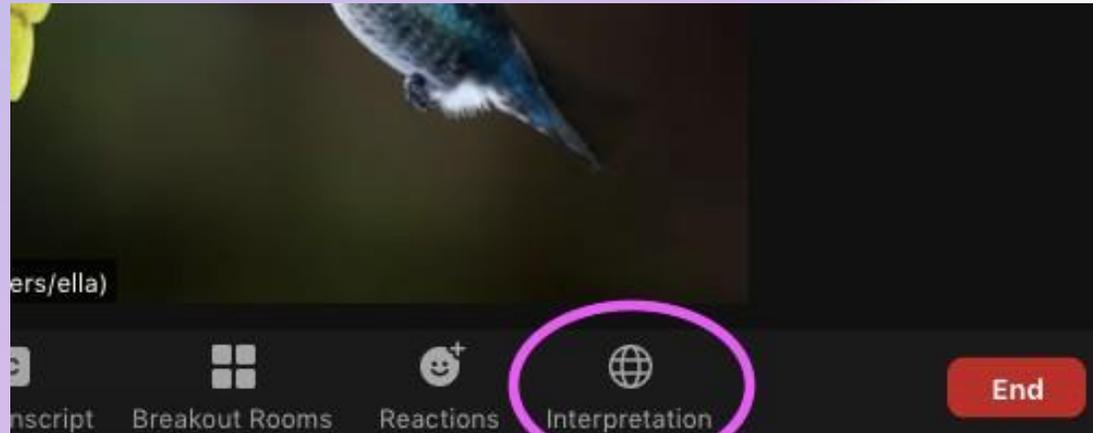
Aliados de Salud en Violencia de Pareja y Explotación



How To Access Language Interpretation on Zoom

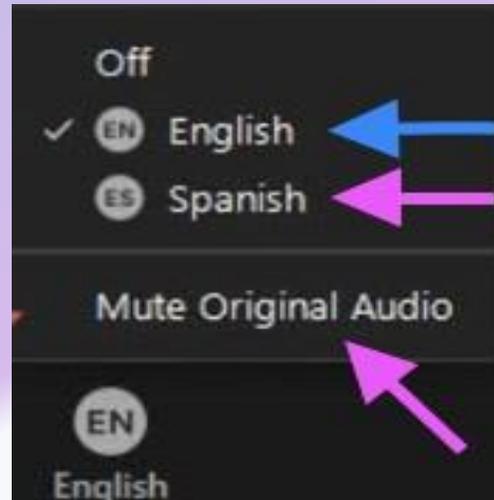
Cómo Activar
la Interpretación
de Idiomas en Zoom

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



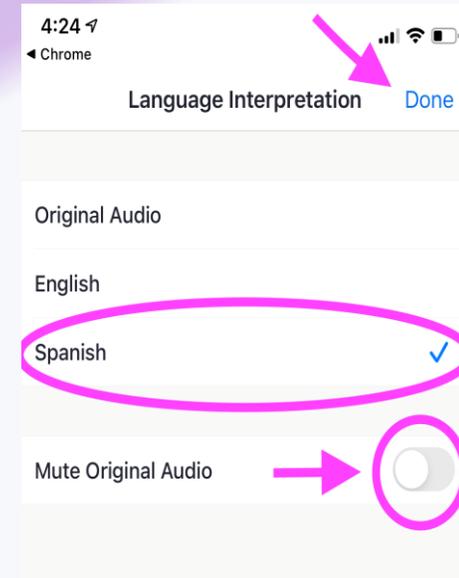
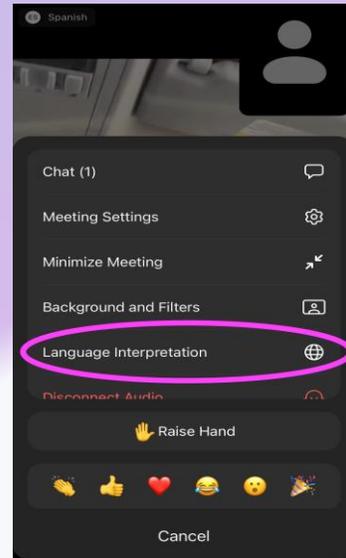
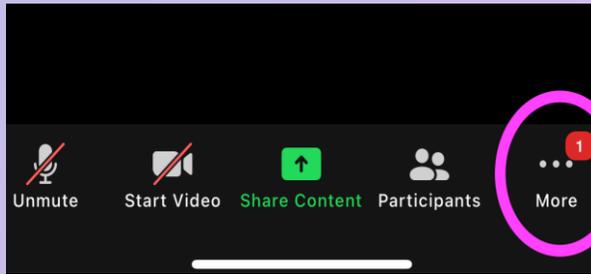
En su computadora, busque el globo terráqueo que dice Interpretación en la interfaz de pantalla

Choose English as your language. Make sure to NOT mute audio so 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 llama a la reunión 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.



Aliados de Salud en Violencia de Pareja y Explotación

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Aliados de Salud en Violencia de Pareja y Explotación está dirigido por Futures Without Violence (FUTURES) para trabajar con centros de salud comunitarios para apoyar a quienes están en riesgo de sufrir violencia de pareja (IPV), trata de personas (HT) y explotación, o sobreviven a ella, y para reforzar los esfuerzos de prevención

Áreas temáticas clave:

- Aumentar la capacidad del personal y el compromiso centrado en la sanación
- Enfoques y herramientas de evaluación y educación universal
- Creación de alianzas comunitarias y de centros de salud
- Cambio en la política y los sistemas de salud (incluidas las nuevas medidas de UDS sobre IPV/HT)
- Enfoques de prevención y formas de promover la equidad en salud y aumentar los resultados de salud y seguridad para quienes sobreviven a la VPI, la TP y la explotación

www.healthpartnersipve.org





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Futures Without Violence



Aliados de Salud en Violencia de Pareja y Explotación

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- Comprender las lesiones cerebrales infligidas por la pareja con un enfoque interseccional y cómo afectan a la salud y el bienestar general de los supervivientes.
- Utilizar una perspectiva de equidad sanitaria para identificar los servicios y recursos que los proveedores pueden utilizar para que su atención sea más accesible a todos los supervivientes con lesiones cerebrales.
- Conozca las herramientas de detección, identificación, evaluación y educación que pueden utilizarse con los supervivientes y el personal de las organizaciones contra la violencia doméstica y los centros de salud comunitarios.



Debate de hoy

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- I. Panorama de las lesiones cerebrales infligidas por compañeros y equidad sanitaria
- II. Mesa redonda sobre enfoques de equidad sanitaria en lesiones cerebrales en centros de salud comunitarios
- III. Herramientas y estrategias de apoyo a su trabajo



Equidad en salud

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Las personas y las comunidades tienen un acceso equitativo a lo necesario para el bienestar y la autodeterminación, de modo que los resultados de salud de nadie son el resultado de factores interpersonales o estructurales opresión.

Un enfoque de Equidad en Salud requiere:

- Centrarse en las comunidades históricamente marginadas, explotadas y oprimidas
- Centrarse en el cambio estructural y de sistemas, no en el cambio de comportamiento individual



Violencia en la pareja (VPI)

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Patrón de comportamiento que una persona utiliza para ganar **poder y control** sobre otra con la que mantiene una relación.

- Abuso emocional
- Control coercitivo
- Violencia y coacción sexuales
- Maltrato psicológico
- Violencia física



La violencia de género es común

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Entre **1 de cada 3** y **1 de cada 9** personas en Estados Unidos han sufrido violación, violencia física y/o acoso por parte de una pareja íntima a lo largo de su vida.

Debido a la intersección de formas de sexismo, racismo, trans/homofobia y otras formas de opresión, los pueblos marginados y/o históricamente explotados experimentan tasas más elevadas.

CDC, The National Intimate Partner and Sexual Violence Survey: 2015



La opresión crea disparidades

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- El **41%** de las mujeres negras han sufrido violencia física por parte de una pareja íntima durante su vida en comparación con el 31% de las mujeres blancas, el 30% de las mujeres hispanas y el 15% de las mujeres asiáticas o de las islas del Pacífico. (Breiding 2014)
- En comparación con las personas cisgénero, las personas transgénero tenían **2** veces más probabilidades de sufrir abuso físico. (Peitzmeier 2020)
- La pobreza y la inseguridad económica son **barreras para los sobrevivientes que buscan seguridad.**
- Las personas con discapacidad tienen **muchas más probabilidades de sufrir todas las formas de violencia de pareja.** (Breiding 2015)



¿Cómo se manifiesta la VPI en los centros sanitarios?

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- Faltas a citas
- Nuevos problemas de salud o los actuales son más difíciles de tratar.
- Pérdida de autonomía reproductiva
- Impacto en la salud mental
- Denuncias de malos tratos
- Lesiones visibles e invisibles, como lesiones cerebrales



¿Qué más?

VPI + Prevalencia de lesiones cerebrales

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Las tasas de lesiones cerebrales son elevadas entre:

- Supervivientes de violencia de pareja que utilizan servicios de acogida (74-100%) (Campbell 2022)
- Parejas maltratadoras (27-75%) (Campbell 2022)
- Mujeres encarceladas (Woolhouse 2018)



Tipos de lesiones cerebrales que sufren los supervivientes de la violencia de género

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Lesión producida por una fuerza externa que afecta al funcionamiento del cerebro.

Puede ser causado por un:

- Chichón, golpe o sacudida en la cara o la cabeza,
- Lesión penetrante en la cara o la cabeza,
- Pérdida de oxígeno en el cerebro, por ejemplo por estrangulamiento.

Puede ser leve, moderada o grave.



Sanidad Búsqueda

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- En un estudio de supervivientes de la VPI
 - Sólo el 50% declaró no haber ido nunca al hospital por lesiones relacionadas con la pareja
 - De ellos, el 70% informó de lesiones cerebrales repetitivas. (Valera 2017)
- Se ha demostrado que sólo entre el 21 y el 39% de las supervivientes de la violencia de género buscan atención médica para una lesión cerebral (Campbell 2022).
- Esta tasa puede ser aún menor entre los supervivientes que han sufrido estrangulamiento. (Parche 2018)

Repercusiones de las lesiones cerebrales

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- Función cognitiva
 - Deterioro de la atención, la memoria y el funcionamiento ejecutivo
- Función motora
 - Debilidad muscular, falta de coordinación y equilibrio
- Sensación
 - Pérdida de audición, visión, percepción o tacto
- Emoción + Salud mental
 - Depresión, ansiedad, trastorno de estrés postraumático, pérdida de control de los impulsos, cambios de personalidad, consumo de sustancias para hacer frente a la situación.



CUES: una intervención basada en la evidencia

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- **C** Confidencialidad
- **U** Educación Universal
- **E** Empoderamiento
- **S** Apoyo

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.
- Ensure that you can bring up relationships, violence, or stress safely by [seeing patients alone](#) for at least part of the in person or virtual visit
 - > 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 or ask if you can send them a link to resources if doing a virtual visit 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 this information 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.

Health Partners on IPV + Exploitation provides training and technical assistance to community health centers to support those at risk of experiencing or surviving intimate partner violence, human trafficking, or exploitation and to bolster prevention efforts. To learn more about our programs visit healthpartnersipve.org and see our online toolkit ipvhealthpartners.org

HEALTH PARTNERS ON IPV + EXPLOITATION

“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].”

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

“I'm offering these resources to all my patients. They talk about relationships and how they affect our health. Take a look, and please share with 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?”

“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.”



Enfoque de educación universal = equidad y apoyo

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Educación Universal brinda una estrategia para tratar a todos los sobrevivientes con respeto al brindarles información sobre relaciones saludables y no saludables y dónde obtener apoyo.

Se puede usar para normalizar la búsqueda de apoyo y desestigmatizar las condiciones de salud relacionadas con las lesiones cerebrales de los sobrevivientes.



Panelistas

23

**Tamar Rodney PhD, RN,
PMHNP-BC, CNE Assistant
Professor, Johns Hopkins
School of Nursing**



**Michelle Patch, PhD, MSN,
APRN-CNS, ACNS-BC, AFN-C,
FAAN Assistant Professor
Johns Hopkins School of
Nursing**

**Rachel Ramirez, LISW-S
Founder and Director, The
Center on Partner-Inflicted
Brain Injury, Ohio Domestic
Violence Network**



***Moderator:*
Elizabeth Miller, MD, PhD
Chief of Adolescent Medicine,
Children's Hospital of
Pittsburgh, UPMC**





Utilice la función de zoom Q+A.





An advanced service provision approach
providing guidance and tools to raise
awareness on brain injury



CARE

CONNECT • ACKNOWLEDGE
RESPOND • EVALUATE

Trauma-informed

toolbox to help you
raise awareness on
brain injury caused by
violence



C

CONNECT with survivors by forming genuine and healthy relationships

A

ACKNOWLEDGE that head trauma and mental health challenges are common, provide information and education to survivors, and identify short and long term physical, cognitive, and emotional consequences,

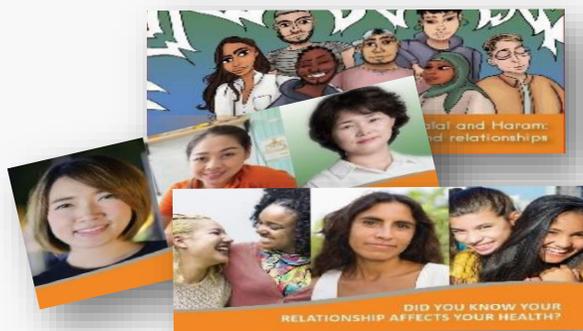
R

RESPOND by accommodating needs related to traumatic brain injury, strangulation and mental health challenges, and provide effective, accessible referrals and advocacy for individuals who need additional care

E

EVALUATE accommodations and referrals and touch base regularly to see if adjustments need to be made

Recursos de "FUTURES & Health Partners" en la VPI y la explotación



When we help others it helps us too!

FUTURES WITHOUT VIOLENCE
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 #90EY0029). ©2022 Futures Without Violence. All rights reserved.

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

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Materiales en ingles

CUES póster

CUES

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

Shown to Improve Health and Safety Outcomes for Survivors

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- *Be nonjudgmental
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"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]."



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UE: Universal Education + Empowerment

- Give each patient **two** safety cards or ask if you can send them a link to resources if doing a virtual visit 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 this information to all patients ensures that everyone gets access to information about relationships, not just those who choose to disclose experiences of violence.

"I'm offering these resources to all my patients. They talk about relationships and how they affect our health. Take a look, and please share with 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?"

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"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."

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Recurso de mejora de la calidad



memorando de entendimiento

MEMORANDUM OF UNDERSTANDING

This agreement is made by and between [COMMUNITY HEALTH CENTER (CHC)] and [DOMESTIC VIOLENCE (DV)/SEXUAL ASSAULT (SA)/HUMAN TRAFFICKING (HT) AGENCY/COMMUNITY-BASED ORGANIZATION (CBO)] to promote health and safety outcomes for patients/clients who have experienced domestic/sexual violence and/or human trafficking/exploitation. The purpose of this work is to strengthen collaboration between staff from both entities and promote bidirectional warm referrals for clients/patients and staff. [ADD IN ADDITIONAL VALUES OR ACTIONS i.e. to exchange information, education and training, coordinate services including health center enrollment and transportation; develop health care policies to support patients experiencing DV/SA/HT and reduce barriers to health care for clients within DV/SA/HT/CBO advocacy programs; provide mutual collaboration and trainings, partner on grants/funding, etc.]

[Use this space to provide a brief description of each partner agency].

The parties above and designated agents have signed this document and agree that:

- 1) Representatives of [DV/SA/HT/CBO Agency] and [community health center] will meet each other in-person or via video/phone at least once at the inception of this collaboration to understand the services currently provided by their respective programs and to discuss needs, goals, and next steps.
- 2) Representatives of [DV/SA/HT/CBO Agency] and [community health center] will continue to meet between [date] and [date] [list frequency and meeting location/format and recurring schedule, as possible].
- 3) [Community health center] will hold the following roles and responsibilities: [list the responsibilities and role of the health center—i.e. training DV/SA/HT/CBO advocates on health center services and health enrollment for new patients, and supplemental/refreshers trainings as needed; serving as a primary health care referral for clients referred by the DV/SA/HT/CBO program; drafting and reviewing IPV/HT policies and procedures; offering health education, enrollment support, or resources to clients in DV/SA/HT/CBO programs; etc.].
- 4) [DV/SA/HT/CBO Agency] will hold the following roles and responsibilities: [list the responsibilities and role of the DV/SA/HT/CBO agency—i.e. training health center providers and staff on DV/HT dynamics and community supports and supplemental/refreshers trainings as needed; serving as a primary referral for health center patients or staff in need; drafting and reviewing policies; offering DV/SA/HT advocacy support onsite at health centers or virtually via telehealth etc.; tabling materials/resources at health fairs or other health events/virtual events; etc.].
- 5) [Community health center] will provide the following resources: [list resources that the health center can bring to support the project's efforts—i.e. additional staff time; health enrollment specialists; vaccination clinics for children; office space for advocates co-located at the health center; funding; key contacts; condoms, Plan B or other reproductive health support; COVID-19 information, testing or vaccination; CHC brochures; etc.].
- 6) [DV/SA/HT/CBO Agency] will provide the following resources: [list resources that the organization can bring to support the project's efforts—i.e. additional staff time; 24/7 hotline; materials/program brochures; telehealth client support; key contacts; funds; etc.].
- 7) [DV/SA/HT/CBO Agency] and [community health center] staff will review and discuss evaluation tools offered on [www.IPVHealthPartners.org](#) to help measure the success and challenges of their collaboration and outcomes [examples include a Quality Assessment/Quality Improvement tool used every six months to measure progress; a referral tracking tool; client/patient satisfaction surveys, and provider/staff training evaluations].

We, the undersigned, approve and agree to the terms and conditions as outlined in the Memorandum of Understanding.

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Protocolo de muestra (eng)

[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).

www.ipvhealthpartners.org

Desarrollado por y para centros de salud
comunitarios en asociación con programas de
violencia doméstica

Próximas oportunidades de aprendizaje

30

Violencia de pareja y salud materna: Evidence-Based and Promising Interventions

Fecha límite: 8 de febrero de 2023, medianoche en su zona horaria local

[Link](#)

Educación Universal y Apoyo a Pacientes Que Han Experimentado Violencia de la Pareja Íntima o Explotación

Deadline: Feb 10, 2023, midnight at your local time zone

[Link](#)

Conducido en español con interpretación al inglés



¡Gracias!

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**Manténgase conectado
registrándose en nuestra lista
electrónica mensual:
Catalyst for Change
Ir al final de la página
www.healthpartnersipve.org**

**Enlace de evaluación (inglés y
español)
<https://redcap.link/tyzjyv3e>**

Este seminario web cuenta con el apoyo de la Administración de Recursos y Servicios de Salud (HRSA) del Departamento de Salud y Servicios Humanos (HHS) como parte de un premio por un total de \$768,932 con el 0% financiado con fuentes no gubernamentales. Los contenidos son los de los oradores y no representan necesariamente los puntos de vista oficiales ni el respaldo de HRSA, HHS o el gobierno de los Estados Unidos. Para obtener más información, visite www.HRSA.gov.

