

ADDRESSING PARTNER INFLICTED BRAIN INJURIES WITH A HEALTH EQUITY LENS



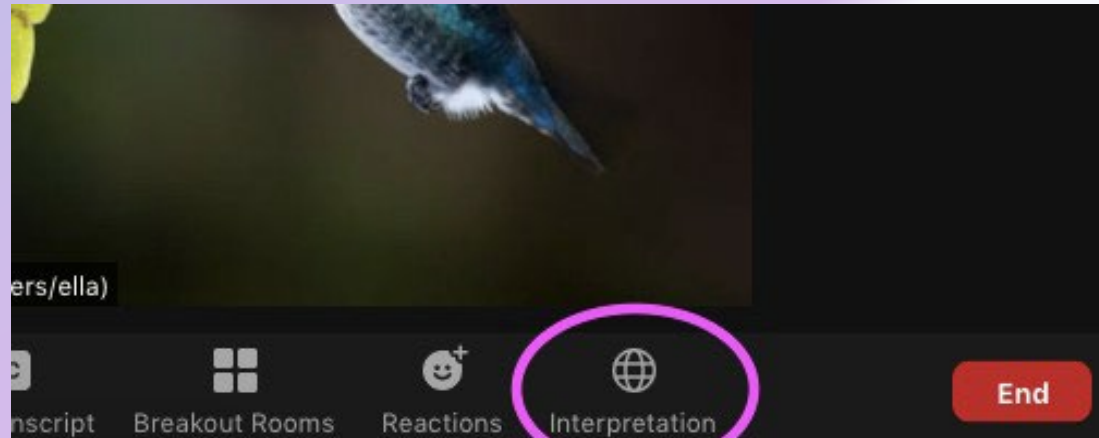
*Proporcionaremos interpretación en español.
Spanish interpretation will be provided.*

Webinar will be recorded/ Se grabará el seminario web

How To Access Language Interpretation on Zoom

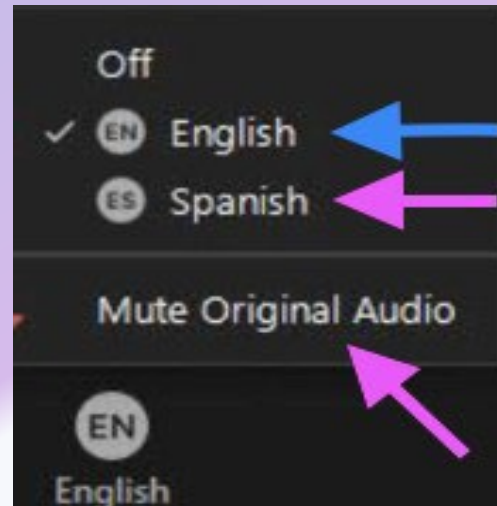
Cómo Activar
la Interpretación
de Idiomas en Zoom

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



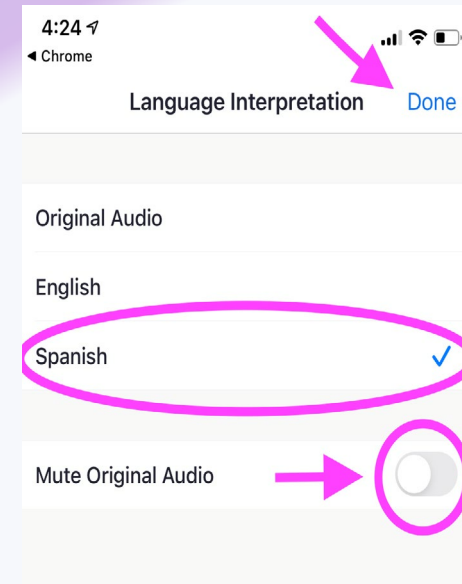
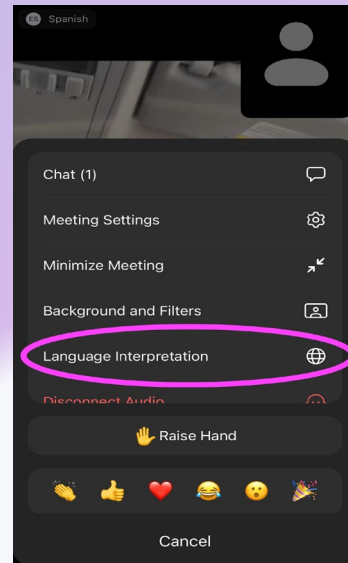
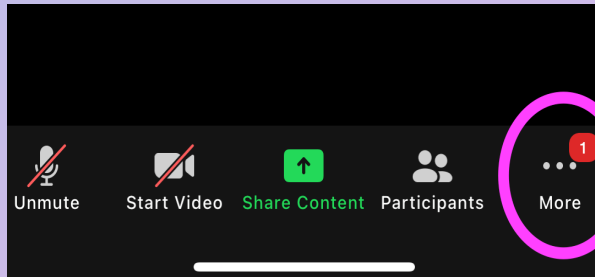
En su computadora, busque el globo terráqueo que dice Interpretación en la parte inferior de su pantalla.

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.



About Health Partners on IPV + Exploitation

8

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





Tamar Rodney PhD, RN, PMHNP-BC (She/Her/Hers)
CNE Assistant Professor
Johns Hopkins School of Nursing



Michelle Patch, PhD, MSN, APRN-CNS, ACNS-BC, AFN-C (She/Her/Hers)
FAAN Assistant Professor
Johns Hopkins School of Nursing



Rachel Ramirez, LISW-S (She/Her/Hers)
Founder and Director, The Center on Partner-Inflicted Brain Injury, Ohio Domestic Violence Network



Dr. Elizabeth Miller, MD, PhD (She/her/hers)
Chief of Adolescent Medicine,
Children's Hospital of Pittsburgh
Health Partners on IPV + Exploitation
Futures Without Violence



Kate Vander Tuig (MPH) (She/Her/They/Them)
Health Partners on IPV+ Exploitation
Futures Without Violence



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



Learning Objectives

10

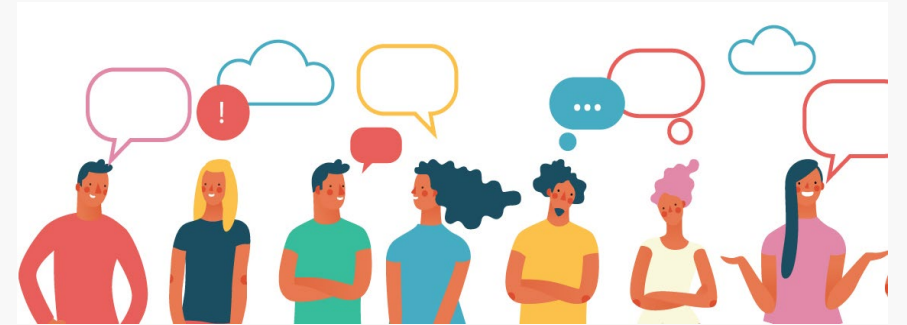
- Understand partner inflicted brain injury with an intersectional approach and how it impacts survivors' overall health and wellbeing
- Use a health equity lens to identify services and resources providers can use to make their care more accessible to all survivors living with brain injury
- Learn about screening, identification, assessment, and education tools that can be used with survivors and staff in domestic violence organizations and community health centers



Today's Discussion

11

- I. Overview of partner inflicted brain injury and health equity
- II. Panel discussion on health equity approaches to brain injury in community health centers
- III. Tools and strategies to support your work



Framing Health Equity

12

Individuals and communities have equitable access to the things necessary for well-being and self-determination, such that no one's health outcomes are the result of interpersonal or structural oppression.

A Health Equity approach requires:

- Centering historical marginalized, exploited, and oppressed communities
- Focus structural and systems change, not individual behavior change



Intimate Partner Violence (IPV)

13

A **pattern** of behavior that a person uses to gain **power and control** over another person they are in a relationship with.

- Emotional abuse
- Coercive control
- Sexual violence and coercion
- Psychological abuse
- Physical violence



IPV is Common

14

Between **1 in 3** and **1 in 9** people in the U.S. have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.

Because of intersecting forms of sexism, racism, trans/homophobia and other forms of oppression, marginalized and/or historically exploited peoples experience higher rates.

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



Oppression Creates Disparities

15

- **41%** of Black women have experienced physical violence by an intimate partner during their life-time compared to **31%** of white women, **30%** of Hispanic women and **15%** of Asian or Pacific Islander women (Breiding 2014)
- Compared with cisgender individuals, transgender individuals were **2.2 times** more likely to experience physical IPV. (Peitzmeier 2020)
- Poverty and economic insecurity are barriers for survivors seeking safety.
- People with disabilities are significantly more likely to experience all forms of intimate partner violence. (Breiding 2015)



How IPV shows up in health care settings?

16

- Missed appointments
- New health conditions or current ones are harder to manage
- Loss of reproductive autonomy
- Mental health impact
- Disclosures of abuse
- Visible and invisible injuries, such as brain injury



What else?

IPV + Prevalence of Brain Injury

17

Rates of brain injury are high among:

- Survivors of partner violence using shelter services (74-100%) (Campbell 2022)
- Abusive partners (27-75%) (Campbell 2022)
- Incarcerated women (Woolhouse 2018)



Kind of Brain Injuries IPV Survivors Experience

18

An injury from an external force that affects how the brain works.

It may be caused by a:

- Bump, blow, or jolt to the face or head,
- Penetrating injury to the face or head,
- Loss of oxygen to the brain, such as from strangulation

May be mild, moderate, or severe.



Healthcare Seeking

19



- In a study of IPV survivors
 - Only 50% reported having never gone to the hospital for *any partner related injury*
 - Of these, 70% reported repetitive brain injuries. (Valera 2017)
- Between only 21–39% of IPV survivors have been shown to seek medical care for a brain injury (Campbell 2022)
 - This rate may be even lower among survivors who have experienced strangulation. (Patch 2018)



Brain Injury Impacts

20

- Cognitive function
 - Impaired attention, memory, and executive functioning
- Motor function
 - Muscle weakness, poor coordination and balance
- Sensation
 - Loss of hearing, vision, perception, or touch
- Emotion + Mental Health
 - Depression, anxiety, PTSD, loss of impulse control, personality changes, using substances to cope



CUES: An Evidence-Based Intervention

21

Confidentiality
Universal Education
Empowerment
Support

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.

"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."

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



Universal Education Approach = Equity and Support

22

Focusing on **Universal Education** provides a strategy to treat all survivors with respect by giving them information about healthy and unhealthy relationships and where to get support.

It can be used to normalize support seeking and destigmatize health conditions related to brain injuries for survivors.



Panelists

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**





Please use the Q+A zoom function!





CARE

CONNECT • ACKNOWLEDGE
RESPOND • EVALUATE

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



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,

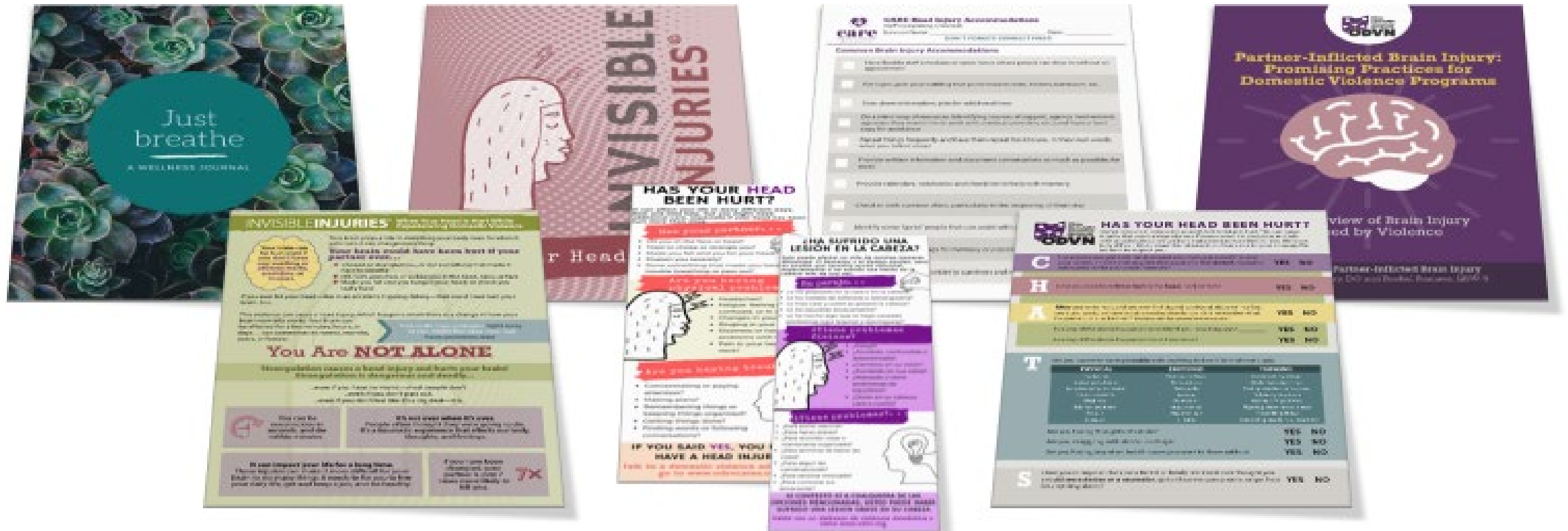
R

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

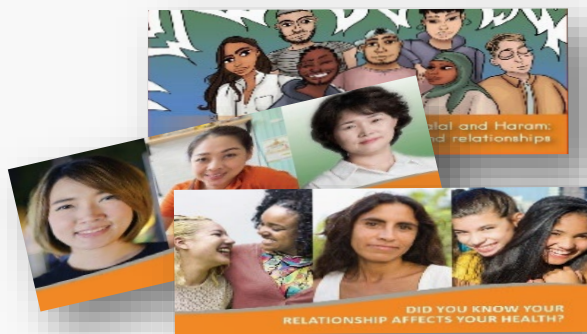
E

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

CARE tools at www.odvn.org



Resources from FUTURES & Health Partners on IPV and Exploitation



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

©2022 Futures Without Violence. All rights reserved.



CUES Infographic

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.

"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.futurewithoutviolence.org/

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?"

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."

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

Quality Assessment/Quality Improvement tool



Sample MOU

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:

- 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.
- 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].
- [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/refresher 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.].
- [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/refresher 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.].
- [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.].
- [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.].
- [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.

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).

The screenshot shows the IPV Health Partners website. The navigation menu includes: PARTNER, PREPARE, ADOPT, TRAIN, EVALUATE, FAQ. A button for "Download PDF Toolkit" is visible in the top right. The main heading reads: "Health centers are key to violence prevention". Below the heading, there is a list of topics: "Information for promoting domestic violence and health partnerships for domestic violence/sexual assault advocates, and for health centers."

www.ipvhealthpartners.org

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



Upcoming Learning Collaboratives

30

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

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

[Link Here](#)

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 Here](#)

Conducted in Spanish with English interpretation



THANK YOU!

31

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

Go to bottom of page on
www.healthpartnersipve.org

Evaluation Link (English & Spanish)

<https://redcap.link/tyzjyv3e>

This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling **\$768,932** with 0% financed with non-governmental sources. The contents are those of the speaker(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit www.HRSA.gov.

