

# HEALTH JUSTICE IN PRACTICE SUPPORTING SURVIVORS OF INTIMATE PARTNER VIOLENCE AND EXPLOITATION WHO ARE LIVING WITH HIV



*Proporcionaremos interpretación en español.*

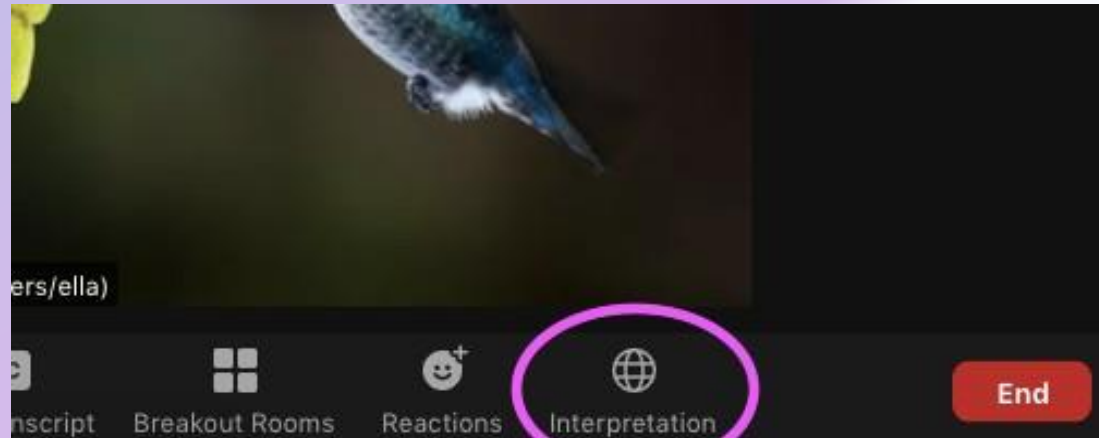
*Spanish/ASL interpretation will be provided.*

**Webinar will be recorded/ Se grabará el seminario web**

# How To Access Language Interpretation on Zoom

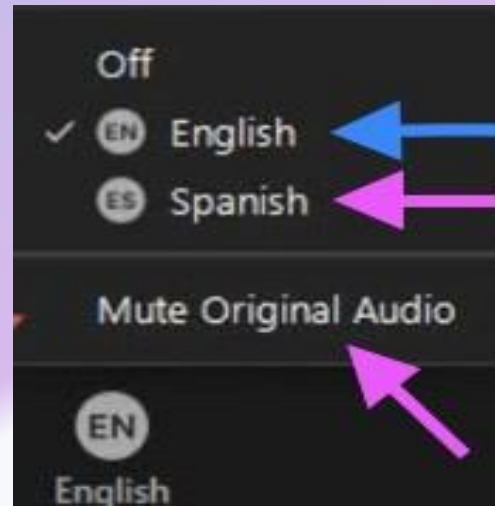
Cómo Activar  
la Interpretación  
de Idiomas en Zoom

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



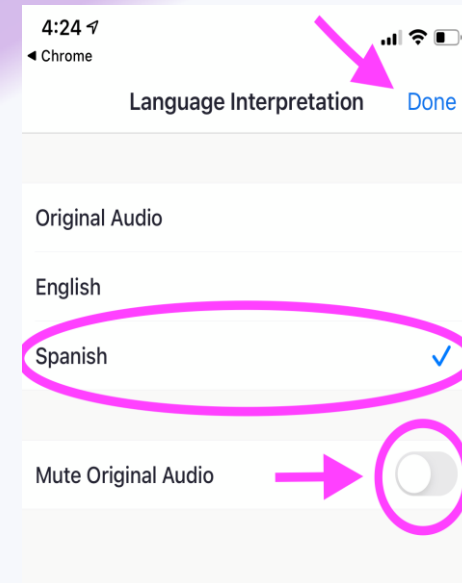
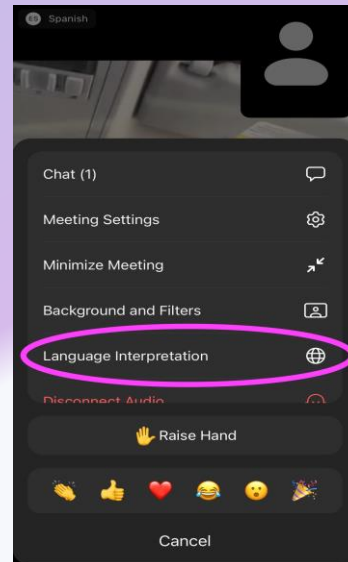
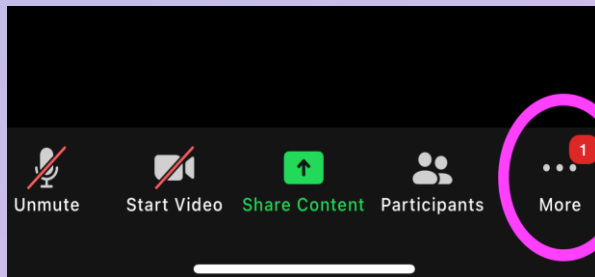
En su computadora, busque el globo terráqueo que dice Interpretación en la parte inferior de su pantalla.

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.**





# Let's Take A Collective Moment to Ground Ourselves





# About Health Partners on IPV + Exploitation

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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](http://www.healthpartnersipve.org)





**Kneeshe Parkinson**  
**(She/Her/Hers)**  
Consultant, Activist  
KneesheSpeaksSTL



**Ashley Slye**  
**(She/Her/Hers)**  
Deputy Director  
Positively Safe & Domestic Violence Counts  
National Network to End Domestic Violence



**Dr. LaShonda Spencer, MD**  
**(She/Her/Hers)**  
Professor of Pediatrics/ Internal Medicine  
Charles R. Drew University of Medicine and Science



**Surabhi Kukke, MPH**  
**(She/her/hers)**  
Health Partners on IPV+ Exploitation  
Future 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

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- Strengthen participants understanding of the intersecting barriers to health access for survivors of violence who are living with HIV
- Identify two ways to promote health and well-being of survivors in clinical settings
- Engage in partnership building with supportive community-based services



# Today's Discussion

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- I. Intersection of IPV and HIV
- II. Panel discussion on approaches to promote the health and well-being of survivors living with HIV in clinical settings – and their communities
- III. Tools and strategies to support your work



# Framing Health Equity

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**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)

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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

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Between **1 in 2** and **2 in 5** 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: 2022



# Oppression Creates Disparities

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- **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)

# Breaking Down the Binary

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## Survivors of violence..

- are harmed by societal “perfect victim” expectations;
- may use what looks “abusive” behaviors or engaged in criminalized actions in order to survive;
- may be reluctant to disclose to provider. *Fears of judgement, increased violence, and not knowing what will happen.*

## People who use violence...

- are more likely to have experienced or witnessed violence in childhood; (Choi 2022), (Clare 2021)
- may be at different stages of awareness and accountability of their behavior;
- may be reluctant to disclose to provider. *True accountability is not incentivized— punishment is primary tool.*

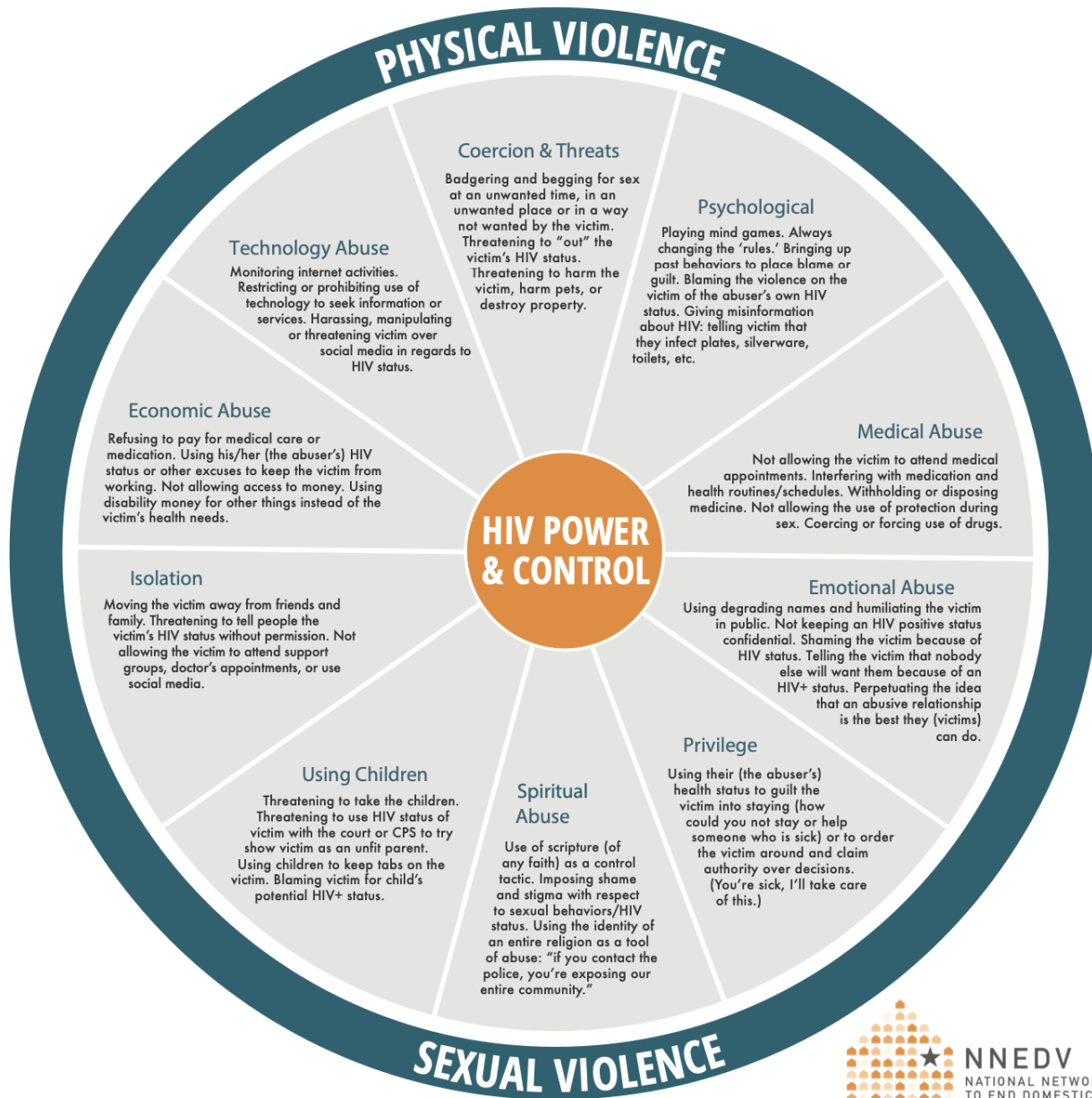


# How IPV shows up?

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- Health conditions harder to manage
- Missed appointments
- Patient hurting or controlling their partner
- Mental health impact
- Patient not able to adhere to care plan
- Disclosures of abuse
- Injuries
- Impact on children
- Impact on housing + economic security





# Intimate Partner Violence (IPV) and HIV



# HIV Stigma Increases Vulnerability to IPV

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A study done in a HIV primary care clinic found that:

- **(73%) of the sample reported lifetime IPV** and 20% reported current abuse.
- More than one fourth (29%) of those abused felt the **abuse was related to their HIV status**

(Ramachandran, 2010)





**Nationally, over half of women living with HIV have experienced partner violence, higher than the national prevalence among women overall (55% vs. 36%).**

(Machtinger, 2012; Black, 2011)



# CUES: An Evidence-Based Intervention

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## 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]."

"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."

Safety cards are available for different settings, communities and in a variety of languages at [store.futureswithoutviolence.org/](http://store.futureswithoutviolence.org/)

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](http://healthpartnersipve.org) and see our online toolkit [ipvhealthpartners.org](http://ipvhealthpartners.org)

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# Universal Education Approach = Equity and Support

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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 HIV for survivors.



# Panelists

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**Ashley Slye**  
**(She/Her/Hers)**  
Deputy Director  
National Network to End Domestic Violence



**Kneeshe Parkinson**  
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Consultant, Activist  
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Professor of Pediatrics/ Internal Medicine  
Charles R. Drew University of Medicine and  
Science



***Moderator:***  
**Surabhi Kukke, MPH**  
**(She/her/hers)**  
Health Partners on IPV+ Exploitation  
Future Without Violence





**Please use the Q+A zoom function!**



# Resources from FUTURES & Health Partners on IPV and Exploitation



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 #50EY00029). ©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**







# CUES Intervention Tool: Safety Cards

- "Health, Healing, and Relationships" for HIV care settings
- "Sex, Pleasure, Choice" for sexual and reproductive health and testing
- Developed with survivors, health providers, and advocates
- Other cards for LGBTQ communities, parents, youth

# Connecting to the visit



## Checking In

Open communication about sex can be a turn on! How does it feel to talk with your sexual partner(s) about:

- ✓ What feels good for you and them?
- ✓ Sexual things that each of you want to do or try? Do not want to do?
- ✓ Ways to get and give consent?
- ✓ Sexually transmitted infections (STIs), HIV, getting tested, and safer sex – like condoms or PrEP?
- ✓ Pregnancy decisions and using birth control?

These conversations may be tough to start, but can be fun and sexy! Try sharing these questions with your partner(s). Don't push yourself or your partner if it does not feel safe for either of you.



## You deserve kindness

Do your partner(s) support you:

- ✓ by respecting your choices?
- ✓ in spending time with friends or family?
- ✓ in staying healthy and taking care of yourself?

Do you:

- ✓ give your partner(s) the same respect and space?
- ✓ feel safe talking about sex and protection with your partner(s)

Supportive, caring relationships are good for your health. You deserve to be treated with kindness.



# 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*

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# QA/QI 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:

- 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/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.].
- 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/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.].
- 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](http://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

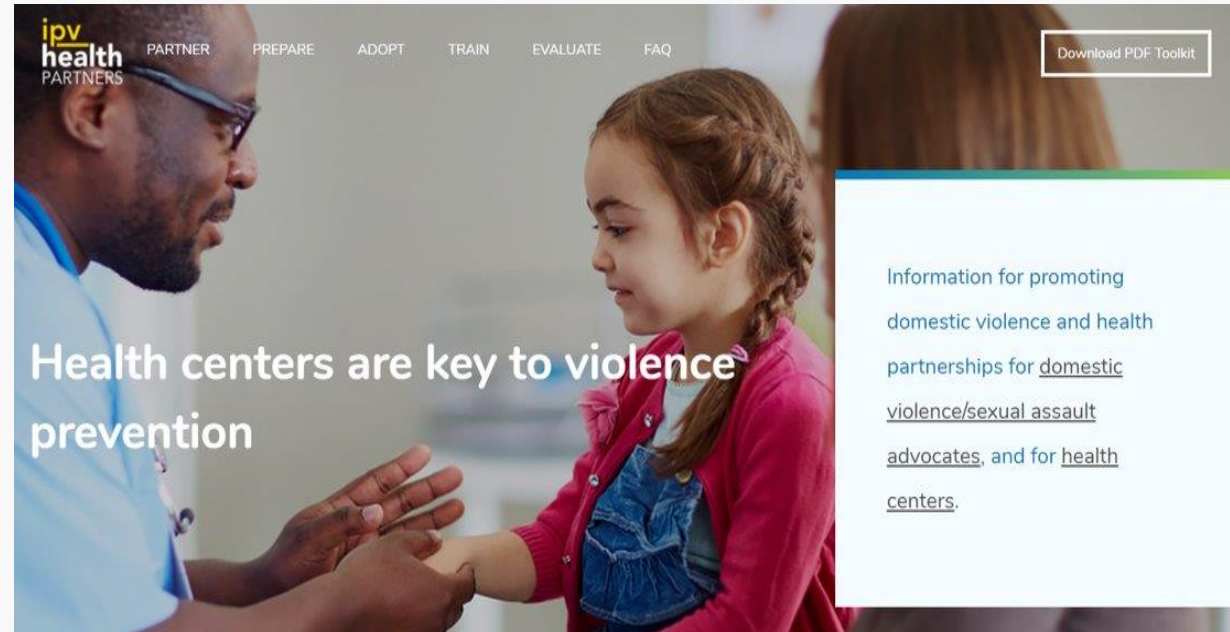
[Name of Community Health Center]	
MANUAL: Clinical	Section:
Exploitation, Human Trafficking, and Intimate Partner Violence	
Policy Approved:	Procedures Last Revision Date:
Policy Last Review Date:	Procedures Last Review Date:

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).



[www.ipvhealthpartners.org](https://www.ipvhealthpartners.org)

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

# Expanding the Continuum Podcast

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A podcast exploring the intersections of HIV and intimate partner violence. Hear luminaries in the field discuss the real implications of a health sector response to HIV and forms of intimate and patriarchal violence.

Find anywhere podcasts are found!

Episode highlight: **Ryan White Funding Opportunities for Community Health Centers**



# Upcoming Learning Collaboratives

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**Learning Collaborative: Coordinating  
Care and Safety for Patients  
Experiencing IPV at the Intersection  
of Mental and Behavioral Health**

**Deadline: Friday, April 21st– midnight  
at your local time zone**

**[Registration Link](#)**

**Learning Collaborative: Structural  
Competency Learning Group for  
Health Center Staff**

**Deadline: Wednesday, April 5<sup>th</sup>**

**[Registration Link](#)**



# THANK YOU!

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

Go to bottom of page on  
[www.healthpartnersipve.org](http://www.healthpartnersipve.org)

Evaluation Link (English & Spanish)  
<https://redcap.link/5gw3k6k7>

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