

JUSTICIA DE LA SALUD EN LA PRÁCTICA: APOYO A SOBREVIVIENTES DE EXPLOTACIÓN Y VIOLENCIA DE PAREJA ÍNTIMA (VPI) QUE VIVEN CON VIH



Proporcionaremos interpretación en español.

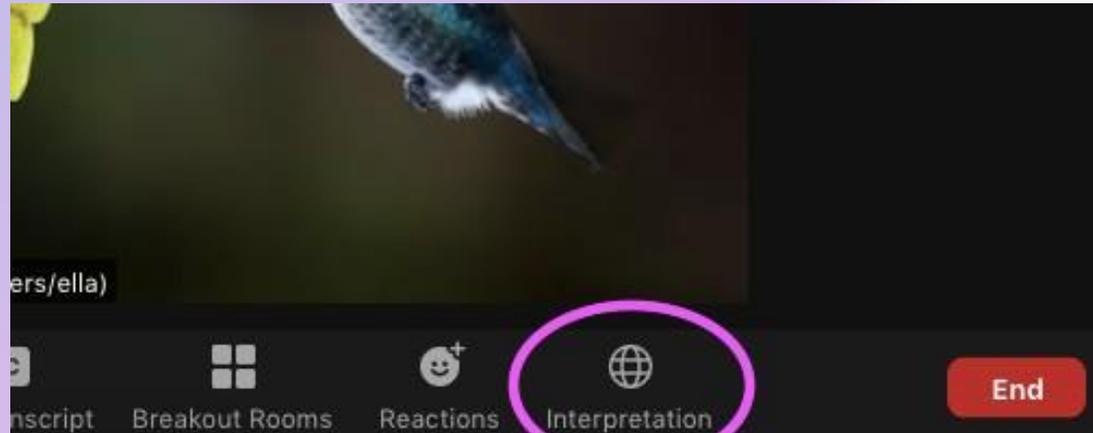
Spanish/ASL interpretation will be provided.

Webinar will be recorded/ Se grabará el seminario web

How To Access Language Interpretation on Zoom

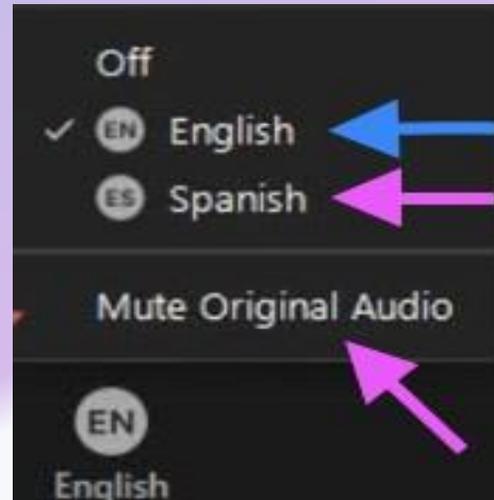
Cómo Activar
la Interpretación
de Idiomas en Zoom

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



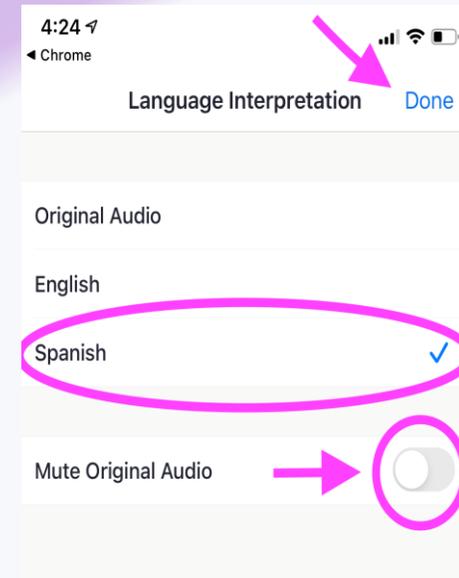
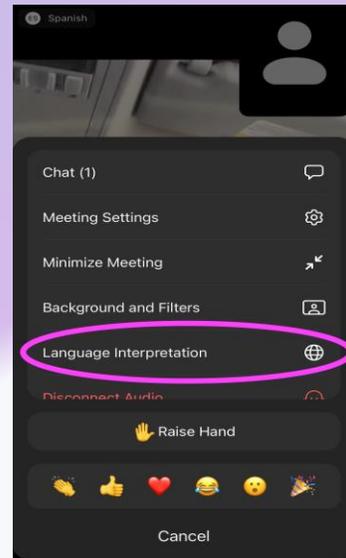
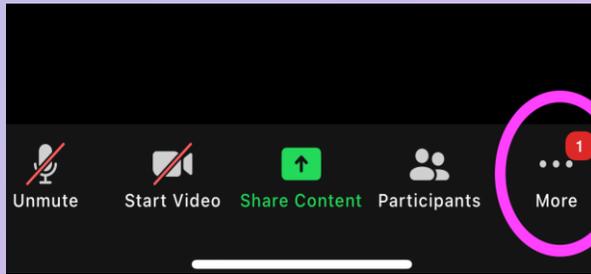
En su computadora, busque el globo terráqueo que dice Interpretación en la parte inferior de su pantalla.

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 silencie 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.



andrea@linguaficient.com

Tomemos Un Momento Colectivo Para Ponernos a Tierra



Acerca de Health Partners frente a la VPI + Explotación

9

Health Partners frente a la VPI + Explotación está liderado por Futures Without Violence (FUTURES) y financiado por HRSA BPHC para trabajar con centros de salud comunitarios con el fin de apoyar a las personas en riesgo de padecer o sobrevivir a la violencia de pareja íntima, la trata de personas o la explotación, así como para reforzar la labor de prevención. **Ofrecemos al personal de los centros de salud programas de aprendizaje continuo que incluyen:**

- ✓ Colaboraciones de aprendizaje sobre temas clave para grupos pequeños
- ✓ Seminarios web + archivos
- ✓ Herramientas para clínicas y pacientes, un kit de herramientas en línea, evaluación + herramientas de tecnología para la salud.

Más información en: www.healthpartnersipve.org





Kneeshe Parkinson
(She/Her/Hers)
Consultora, Activista
KneesheSpeaksSTL



Ashley Slye
(Ella)
Subdirectora
Conteos Positivos de Seguridad contra
Violencia Doméstica
Red Nacional Contra la Violencia Doméstica



Dr. LaShonda Spencer, MD
(Ella)
Profesor de Pediatría/Medicina Interna
Charles R. Drew Universidad de Medicina y Ciencias



Surabhi Kukke, MPH
(Ella)
Health Partners frente a la VPI + Explotación
Futures Without Violence



Kate Vander Tuig (MPH)
(Ella/Elle)
Health Partners frente a la VPI + Explotación
Futures Without Violence



Megha Rimal (MSW)
(Ella)
Health Partners frente a la VPI + Explotación
Futures Without Violence



Objetivos de aprendizaje

11

- Fortalecer la comprensión sobre las barreras que se intersecan para el acceso a la salud de sobrevivientes de violencia que viven con VIH
- Identificar dos formas de promover la salud y el bienestar de sobrevivientes en entornos clínicos
- Participar en la creación de asociaciones con servicios comunitarios de apoyo



Diálogo de hoy

12

- I. Intersección de la VPI y el VIH
- II. Panel de diálogo sobre enfoques para promover la salud y el bienestar de sobrevivientes que viven con VIH en entornos clínicos – y en sus comunidades
- III. Herramientas y estrategias para apoyar su trabajo



Enmarque de la equidad en salud

13

Las personas y las comunidades tienen acceso equitativo a lo necesario para el bienestar y la autodeterminación, de modo que los resultados de salud de alguien no sean consecuencia de la opresión interpersonal o estructural.

El enfoque de equidad en salud requiere:

- Hacer que las comunidades históricamente marginadas, explotadas y oprimidas estén al centro.
- Enfocarse en el cambio estructural y de sistemas, no en el cambio de comportamiento individual



Violencia de Pareja Íntima (VPI)

14

Un **patrón** de comportamiento que una persona utiliza para obtener **poder y control** sobre alguien con quien mantiene una relación.

- Abuso emocional
- Control coercitivo
- Violencia y coerción sexual
- Abuso psicológico
- Violencia física



La VPI es común

15

Entre 1 de cada 2 y 2 de cada 5 personas en Estados Unidos han sufrido violación, violencia física y/o acoso por parte de una pareja íntima en algún momento 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 tienen tasas más elevadas de violencia sexual.

CDC, Encuesta Nacional de Violencia Sexual y de Pareja Íntima: 2022



La opresión crea desigualdades

16

- El **41%** de las mujeres afrodescendientes ha 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 son **2.2 veces** más propensas a sufrir violencia física de pareja íntima (Peitzmeier 2020).
- La pobreza y la inseguridad económica son barreras para sobrevivientes que buscan seguridad.
- Las personas con discapacidades tienen muchas más probabilidades de sufrir todas las formas de violencia de pareja (Breiding 2015).



Desglosando el binario

17

Lxs sobrevivientes de violencia...

- se ven perjudicades por las expectativas sociales de “víctima perfecta”;
- pueden utilizar comportamientos que parecen “abusivos” o participar en acciones criminalizadas para sobrevivir;
- pueden ser reacios a revelar su situación al proveedor. *Miedo a ser juzgados, al aumento de la violencia y al no saber qué sucederá.*

Las personas que ejercen violencia...

- tienen más probabilidades de haber sufrido o presenciado violencia en la infancia; (Choi 2022), (Clare 2021)
- pueden estar en diferentes etapas de conciencia y responsabilidad de su comportamiento;
- pueden ser reacios a revelar su situación al proveedor. *La verdadera responsabilidad no se incentiva– el castigo es la herramienta principal.*



¿Cómo se manifiesta la VPI?

18

- Condiciones de salud más difíciles de manejar
- No acudir a las citas
- El paciente lastima o controla a su pareja
- Impacto en la salud mental
- El paciente no puede seguir el plan de cuidados
- Denuncias de abuso
- Lesiones
- Impacto en niños y niñas
- Impacto en la vivienda + seguridad económica



VIOLENCIA FÍSICA

Coacción y amenazas

Acosar y rogar por tener relaciones sexuales en un momento no deseado, en un lugar no deseado por la víctima. Amenazar con "delatar" a la víctima sobre su situación de VIH. Amenazar con dañar a la víctima, dañar a las mascotas o destruir la propiedad.

Psicológico

Utilizar los juegos mentales. Siempre cambiar las 'reglas'. Recurrir a comportamientos pasados para culpar o reprochar. Culpar a la víctima de la violencia por la condición de VIH del agresor. Proporcionar información errónea sobre el VIH: reclamarle a la víctima que infecta os platos, los cubiertos, los inodoros, etc.

Abuso de la tecnología

Vigilar las actividades en Internet. Restringir o prohibir el uso de la tecnología para buscar información servicios. Acosar, manipular o amenazar a la víctima a través de las redes sociales en relación con su condición de VIH.

Abuso económico

Negarse a pagar la atención médica o los medicamentos. Utilizar su condición de VIH (del agresor) u otras excusas para impedir que la víctima trabaje. No permitir el acceso al dinero. Utilizar el dinero de la discapacidad para otras cosas en lugar de las necesidades de salud de la víctima.

Abuso médico

No permitir que la víctima acuda a las citas médicas. Interferir con los medicamentos y rutinas y horarios de salud. Retención o eliminación de medicamentos. No permitir el uso de protección durante relaciones sexuales. Coaccionar o forzar el uso de drogas.

PODER Y CONTROL DEL VIH

Aislamiento

Alejar a la víctima de sus amigos y familiares. Amenazar con revelar la condición de VIH de la víctima sin permiso. No permitir que la víctima asista a grupos de apoyo, a citas con el médico o que utilice las redes sociales.

Abuso emocional

Usar nombres degradantes y humillar a la víctima en público. No mantener la confidencialidad sobre la condición de VIH positivo. Avergonzar a la víctima por su situación de VIH. Decirle a la víctima que nadie la puede querer por su situación de VIH. Confirmar la idea de que una relación de agresión es lo mejor que las víctimas pueden tener.

Utilizar a los niños

Amenazar con llevarse a los niños. Amenazar con utilizar la condición de VIH de la víctima ante el tribunal o el Servicio de Protección de Menores para tratar de mostrar a la víctima como padre o madre inadecuado. Utilizar a los niños para vigilar a la víctima. Culpar a la víctima de la posible condición de VIH+ del menor.

Privilegio

Utilizar la condición de salud (el del agresor) para culpabilizar a la víctima para que se quede (cómo no te vas a quedar o ayudar a alguien que está enfermo) o para dar órdenes a la víctima y reclamar autoridad sobre las decisiones. (Estás enfermo, yo me de esto).

Abuso espiritual

Uso de las escrituras (de la fe) como táctica de control. Imponer la vergüenza y el estigma con respecto a los comportamientos sexuales o la condición de VIH. Utilizar la identidad de toda una religión como herramienta de abuso: "si te pones en contacto con la policía, estás exponiendo a toda nuestra comunidad".

VIOLENCIA SEXUAL

Violencia de Pareja Íntima y VIH

El estigma del VIH aumenta la vulnerabilidad a la VPI

20

Un estudio realizado en una clínica de atención primaria del VIH encontró que:

- **(73%) de la muestra informó VPI** y 20% reportó abuso actual.
- Más de una cuarta parte (29%) de las personas abusadas consideraban que el **abuso estaba relacionado con su condición de VIH.**

(Ramachandran, 2010)



A nivel nacional, más de la mitad de las mujeres que viven con VIH han sufrido violencia de pareja, una cifra superior a la prevalencia nacional entre las mujeres en general (55% versus 36%).

(Machtiger, 2012; Black, 2011)



CUES: Una intervención basada en la evidencia

22

Confidentiality

Universal Education

Empowerment

Support

Confidencialidad

Educación Universal

Empoderamiento

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

23

Centrarse en la **Educación Universal** brinda una estrategia para tratar a todes sobrevivientes con respeto dándoles información sobre relaciones sanas y no sanas y dónde recibir apoyo.

Puede utilizarse para normalizar encontrar apoyo y desestigmatizar las condiciones de salud relacionadas con el VIH para los sobrevivientes.



Ponentes

24



Ashley Slye
(She/Her/Hers)

Directora Adjunta/Subdirectora
Red Nacional Contra la Violencia Doméstica



Kneeshe Parkinson
(She/Her/Hers)

Consultora, Activista
KneesheSpeaksSTL



Dr. LaShonda Spencer, MD
(She/Her/Hers)

Profesor de Pediatría/Medicina Interna
Charles R. Drew Universidad de Medicina y
Ciencias



Moderadora:

Surabhi Kukke, MPH
(She/her/hers)

Health Partners frente a la VPI + Explotación
Futures Without Violence

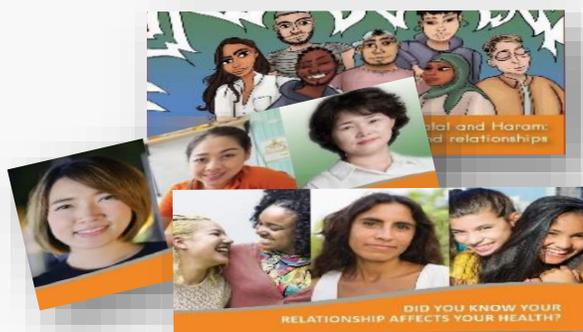




Utilice la función de zoom Q+A para hacer sus preguntas y respuestas en español



Recursos de FUTURES y Health Partners sobre VPI y 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.

©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





Herramienta de intervención CUES: Tarjetas de seguridad

- “Salud, Sanación y Relaciones” para entornos de atención del VIH
- “Sexo, Placer, Elección” para la salud y las pruebas sexuales y reproductivas
- Desarrollado con sobrevivientes, proveedores de salud y defensores de la causa
- Otras tarjetas para comunidades LGBTQ, padres, jóvenes



Conectando con la visita

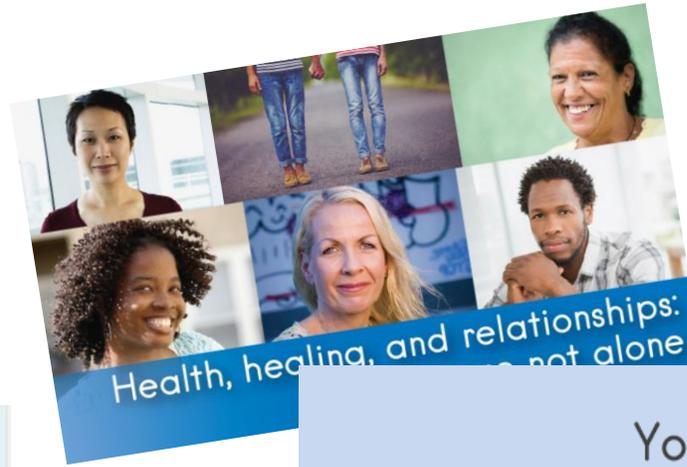


Checking In

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.

Infografía de CUES

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 asking patients to allow 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.futurewithouthomeviolence.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

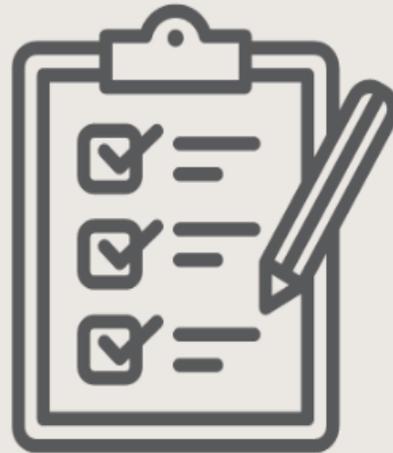
- Though disclosure of violence is not the goal, it will happen -- know how to support someone who discloses.
- Make a warm referral to your local domestic/sexual violence partner agency or national hotlines (on the back of all safety cards).
- Offer health promotion strategies and a care plan that takes 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

Herramienta QA/QI



Ejemplo de 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 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.

Ejemplo del Protocolo del Centro de Salud

[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).

ipv health PARTNERS PARTNER PREPARE ADOPT TRAIN EVALUATE FAQ

Download PDF Toolkit

Health centers are key to violence prevention

Information for promoting domestic violence and health partnerships for domestic violence/sexual assault advocates, and for health centers.

www.ipvhealthpartners.org

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

Podcast *Expanding the continuum*

31

Un podcast que explora las intersecciones entre el VIH y la violencia de pareja íntima. Escuche a expertos en el tema debatir las implicaciones reales de una respuesta del sector de salud al VIH y las formas de violencia íntima y patriarcal.

¡Encuéntrelo en cualquier plataforma donde escuche podcasts!

Episodio destacado: **Oportunidades de Financiamiento Ryan White para Centros de Salud Comunitarios**



Próximas colaboraciones de aprendizaje

32

**Colaboración de aprendizaje:
Coordinación de la atención y la
seguridad de pacientes que
sufren VPI en la intersección de la
salud mental y conductual**

**Fecha límite: viernes, 21 de abril—
media noche en su zona horaria local**
[Enlace de Registro](#)

**Grupo de aprendizaje de
competencias estructurales
para el personal del centro de
salud**

**¡Fecha límite: miércoles el 5 de
abril de 2023!**

[Enlace de Registro](#)



¡GRACIAS!

33

Manténgase en contacto suscribiéndose a nuestra lista electrónica: Catalizador del Cambio

Vaya al final de la página en www.healthpartnersipve.org

Enlace de evaluación (inglés y español)

<https://redcap.link/5gw3k6k7>

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) de EE.UU. como parte de un premio por un total de **\$768,932**, con un 0% financiado por Fuentes no gubernamentales. Los contenidos son responsabilidad de los ponentes y no representan necesariamente los puntos de vista oficiales ni el respaldo de la HRSA, el HHS o el Gobierno de los Estados Unidos. Para más información, visite www.HRSA.gov.

