Strategies to Support Survivors Experiencing Intimate Partner Violence or Exploitation and How to Promote Prevention

This webinar will be presented in Spanish with English interpretation. See chat for presentation slides in English.
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.

Selezione 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.
Note about Inclusive Language in Spanish

The faculty in this webinar have taken steps to create inclusive resources where each person feels included. For this presentation the faculty and participants will use different terms and forms of expression with the goal of facilitating a collaborative discussion.
Health Partners on IPV + Exploitation

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.
Puerto Rico Primary Care Association (ASPPR)

The Puerto Rico Primary Health Association, Inc. (ASPPR) is a non-profit organization funded by HHS through HRSA-BPHC. The purpose is to support the Primary Health Centers of Puerto Rico (330 Centers) which, in turn, are financed with funds from section 330 of the Federal Public Health Law. We are committed to high quality health care in Puerto Rico, through strong leadership, advocacy, and training/technical assistance in support of Community Health Centers.
Esperanza United

Esperanza United mobilizes Latinas and Latin@ communities to end gender-based violence. Formerly Casa de Esperanza, the National Latin@ Network, Esperanza United was founded in 1982 by a small group of persevering Latinas as an emergency shelter in St. Paul, Minnesota. We continue to ground our work in community strengths and wisdom, as we serve Latin@s locally and nationwide.
Agenda and Learning Objectives

1. Describe the **impacts** of intimate partner violence (IPV) on health

2. Define the **evidence-based intervention, “CUES”** and analyze the evidence for universal education vs. disclosure-based screening

3. Describe how **collaborations with community organizations** can address and prevent IPV and exploitation.

4. Identify **resources to support collaborations** between health centers and community organizations such as providers of domestic violence and sexual assault services.
Faculty and Speakers

Elena Josway, JD, (she/her), Program Director, Futures Without Violence

Erica Monasterio, MN, FNP-BC-retired (she/her), Consultant, Health Partners on IPV + Exploitation, Futures Without Violence

Frances González, (ella), Program Assistant, Asociación de Salud Primaria de Puerto Rico, Inc.

Laura Villarreal, MPH (she/they), Health and Violence Prevention Specialist, Esperanza United

Patricia Emmanuelli (she/her), Manager of Community Health and Wellness, Esperanza United

Camila Sanchez Tejada, (she/her), Program Assistant, Health Partners on IPV + Exploitation
Learning Collaborative Summary
Learning Collaborative Participants

➢ Puerto Rico
➢ Mississippi
➢ Maine
➢ Alabama
➢ Idaho
➢ Washington
➢ Arizona
➢ California
➢ Oregon
➢ North Carolina
➢ Indiana
What is Intimate Partner Violence (IPV)?

IPV is described as behaviors within an intimate relationship that causes physical, sexual, or psychological harm (World Health Organization, 2020).

- These include and are not limited to physical aggression, sexual coercion, psychological and emotional abuse, and controlling behaviors.

- IPV can occur in any intimate relationship regardless of sex, gender, or arrangement between partners.

- IPV contributes to a number of chronic health problems and often limits survivors’ ability to manage other illnesses like diabetes (Futures Without Violence, 2019).
Latinas and Intimate Partner Violence

- 16 million Latin@ are living in the US (Census 2020)

- About 1 in 3 Latinas (34.4 %) will experience IPV during her lifetime

- 26% of Latina mothers with preschool-age children reported IPV in their current or most recent relationship

- 21% of pregnant Latinas experienced both reproductive coercion and IPV increasing their risk for an unplanned pregnancy

- 18.5% of Hispanic men experience some form of unwanted sexual contact
53% reported that a partner who chooses to abuse has also controlled and/or restricted healthcare access.

61% affirmed having current health (physical, mental, or emotional) needs related to their abusive experience.

41% were somewhat or extremely likely to be comfortable sharing their abuse experience with a healthcare provider.
Impacto de la violencia de pareja íntima

➔ L@ sobrevivientes de IPV tienen un riesgo de salud crónicos con sus sistemas cardiovascular, gastrointestinal, reproductivo y neurológico (Ravi, et al., 2022)

➔ Sobrevivientes Latin@ de VPI tienen tasas más altas de mala salud física y mental que los sobrevivientes no Latin@ de VPI (Bonomi, et al., 2009)

➔ Hay asociaciones positivas entre la VPI y salud mental entre las mujeres hispanas (Reyes et al., 2021)
Healthcare providers can make a difference!

Women Who Talked to Their Health Care Provider About Experiencing Abuse Were 4 times more likely to use an intervention

McCloskey et al. (2006)
From a Public Health Perspective

Universal education about the impact of IPV/HT on health may serve as:

➢ **primary prevention** (for those never exposed)

➢ **secondary prevention** (for individuals with histories of IPV/HT)

➢ **intervention for those experiencing IPV/HT** (including those who do not disclose).
Límites y daños de la práctica basada en la divulgación de la experiencia de abuso del/la cliente/paciente

- Razones válidas por las que las personas eligen no divulgar sus experiencias de violencia y trauma
- Las experiencias no se capturan en la herramienta de detección
- La detección se realizó de una manera que no está consciente sobre el trauma
- Crea una diferencia de poder entre los trabajadores de la salud y los pacientes
Universal Education: a Patient-centered approach to assessment

- Patients want providers to talk to them about DV
- Promotes empowerment by providing patients with information, regardless of disclosure
- Patients may not disclose due to concerns of how information will be used
- Disclosure is NOT the goal
CUES: An Evidence-based Intervention

C Confidentiality
U Universal Education
E Empowerment
S Support
CUES: An Overview

C: confidentiality
• See patient alone, disclose limits of confidentiality

UE: Universal Education + Empowerment
• Normalize activity
• Make the connection—open the card and do a quick review

S: Support
• Provide a "warm referral" to your local domestic/sexual violence partner agency or national hotlines

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

**How’s It Going?**

Everyone deserves to have partners listen to what they want and need. Ask yourself:

- Is my partner or the person I am seeing kind to me and respectful of my choices?
- Is my partner willing to talk openly when there are problems?
- Does my partner give me space to spend time with other people?

If you answered YES to these questions, it sounds like you have a supportive and caring partner. Studies show that being cared for by the person you are with leads to better health, a longer life, and helps your kids.
A Panel on Characteristics of Problematic Relationships

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**Are There Times...**

- My partner or the person I'm seeing:
  - Shames or humiliates me, makes me feel bad about myself, or controls where I go and how I spend my money?
  - Ever hurts or scares me with their words or actions?
  - Makes me have sex when I don’t want to?
  - Keeps me from seeing my doctor or taking my medicine?

**These experiences are common. 1 in 4 women is hurt by a partner in her lifetime.** If something like this is happening to you or a friend, call or text the hotlines on this card.
Other Panels About:

➔ Self care
➔ How to help others
➔ The connection between unhealthy relationships and overall health
A Panel on Steps to Develop a Safety Plan

Safety Planning

If you are being hurt by a partner, it is not your fault. You deserve to be safe and treated with respect.

“Safe” looks different for everyone, here are some things that can help:

❤️ Remember what you have done in the past that has worked to keep you safe.

➕ Prepare an emergency kit in case you have to leave fast with: money, phone charger, keys, medicines, birth certificates and shot records.

📞 Talk to your health care provider about using their phone to call the hotlines on this card so your partner can’t see it on your call log. Hotline staff can help you think through next steps.
A Panel on National Resources
Important Reminder:
Although disclosure is not the goal, people still share their experiences of abuse.
Know how to respond when someone discloses their experiences with abuse

- Offer gratitude for sharing their story and messages of support.
- Make a connection with a warm referral; refer the person to the local domestic/sexual violence agency or national support lines (on back of cards).
- Offer safety and wellness strategies
Videos

Safety cards scenarios:

a. UE: Universal Education [https://youtu.be/)_N-llCsnGSI](https://youtu.be/)_N-llCsnGSI
Partnerships Are Essentials

• Universal education may result in some disclosures

• Healthcare providers have limited time and different skills

• Trusted and established referral networks reduce barriers for providers and patients

• Referrals support survivors' ability to access resources

• Relations can be formalized with a Memorandum of Understanding
Getting to Know the Community

- Are there help centers and programs for victims of gender violence in this county?
- What other available resources exist in the community?
- What are the needs of the community?
Community Engagement

• Check your website. Identify the things you do that align with your organization's mission.

• Initial contact can be through preferred means (email, call or in person)
<table>
<thead>
<tr>
<th>Location</th>
<th>Examples of Community engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools / Universities</td>
<td>School-based clinics, after-school clinics, sports clinics, health classes, school counseling, health fairs</td>
</tr>
<tr>
<td>Mobile health units (MHUs)</td>
<td>Bringing MHUs to health fairs, community events, parks, or other communal spaces</td>
</tr>
<tr>
<td>Places of worship and spirituality</td>
<td>Spiritual support, food banks</td>
</tr>
<tr>
<td>Community centers</td>
<td>Vaccine clinics, physical shelters</td>
</tr>
<tr>
<td>Health institutions</td>
<td>Public health departments, hospitals, urgent cares, emergency departments (standing or connected), at-home care</td>
</tr>
<tr>
<td>Social service organizations</td>
<td>Local DV / rape crisis centers</td>
</tr>
</tbody>
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Strategic Planning and Collaboration

- Outreach and collaborative events
- Reduce and prevent burn out
- Often cost effective
- Build trust between organizations and communities

Tip: Use examples of community engagement your CHC can implement.
MOUs and Protocols

An MOU between your health center and Domestic Violence program can help:

1. Establish a formal employment relationship
2. Create a pathway for effective, two-way referrals
3. Identify strategies to care for survivors more holistically through coordinated care
Sample Protocol and MOU

Sample Protocol

Link: https://healthpartnersipve.org/futures-resources/sample-health-center-protocol/

Sample MOU

Link: https://healthpartnersipve.org/futures-resources/sample-memorandum-of-understanding/
Partnerships help promote bi-directional warm referrals for clients/patients and increase staff engagement and support.

**Warm referral** from domestic violence agency to health center

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

**Warm referral** from health center to domestic violence agency

**Community Health Center Partner**
*Improve health and safety through “CUES”*
Women’s Health Committee

Practices to promote Partnerships and Collaborations

Frances Glenda González, BA,Ed,CLE
Program Assistant
Specials Programs and Clinical Quality

ASOCIACIÓN DE SALUD PRIMARIA DE PUERTO RICO, INC
Protocols

Document procedures for providing universal education, assessments, and resources for the prevention of DV, IPV, and other forms of abuse.

Provide guidance and direction for crisis management and intervention, safety planning, support counseling, and referrals to community resources when a patient is identified who is, or may be experiencing DV, IPV, exploitation, or human trafficking.

Standardize procedures and services, providing quality standards and prevention strategies focused on the needs of the victim/survivor from a public health perspective.

Support resource for health center staff, as they may also be at risk of personal experiences of violence, abuse and/or trauma.
## Memorandum of Understanding

- Organize our work in relation to other organizations.
- Establish formal relationships, meaningful and two-way collaborations with other community or health organizations.
- Break down barriers to break prejudices: Identify strategies to offer integrated care to victims and survivors.
- Promote work to provide care as soon as possible. Time can make a big difference in the health outcomes of a victim or survivor.
- Expand collaborations and sustainability of initiatives
Warm Referrals

- Humanize the service process
- Provide safety to victims and survivors
- Improvement in the quality of services
- Protection of the health and well-being of victims, survivors and staff
Q&A
Thank you!

Please complete the evaluation, open the link here: https://redcap.link/umfadyof. We appreciate your feedback.

https://healthpartnersipve.org/
https://esperanzaunited.org/es/
https://saludprimariapr.org/