

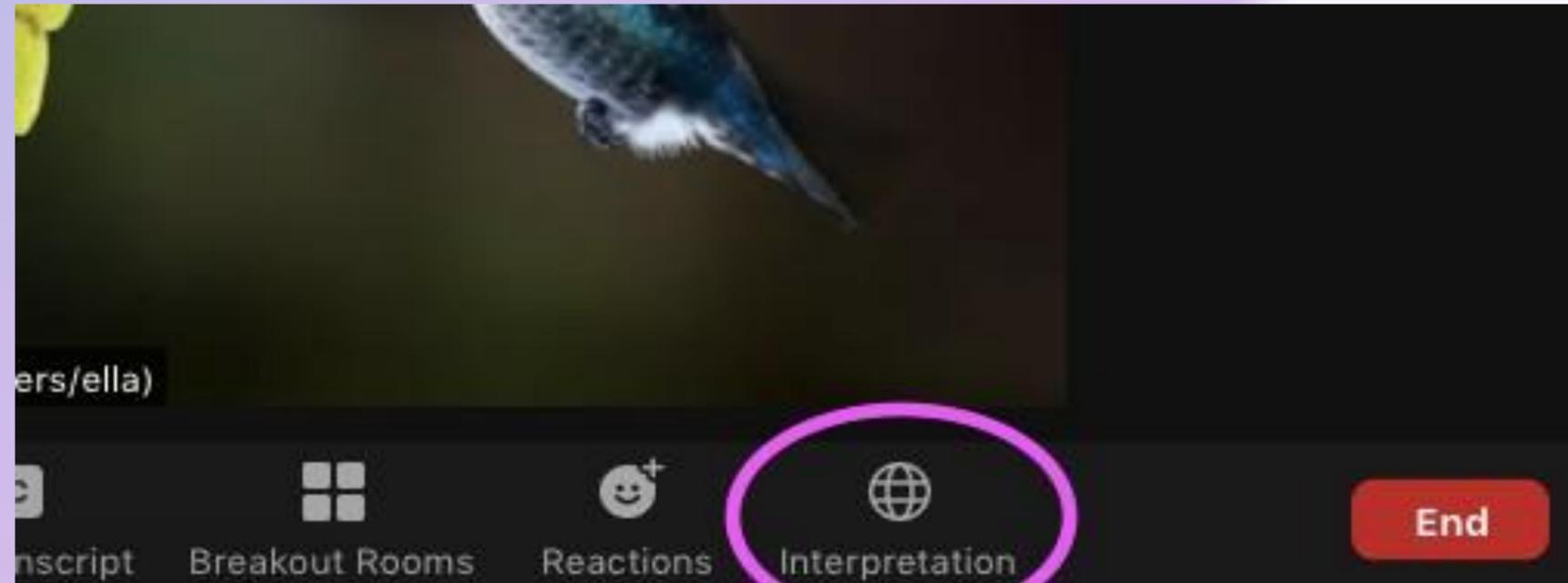
# Strategies to Support Survivors Experiencing Intimate Partner Violence or Exploitation and How to Promote Prevention

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

Fecha/Date:  
04/26/23

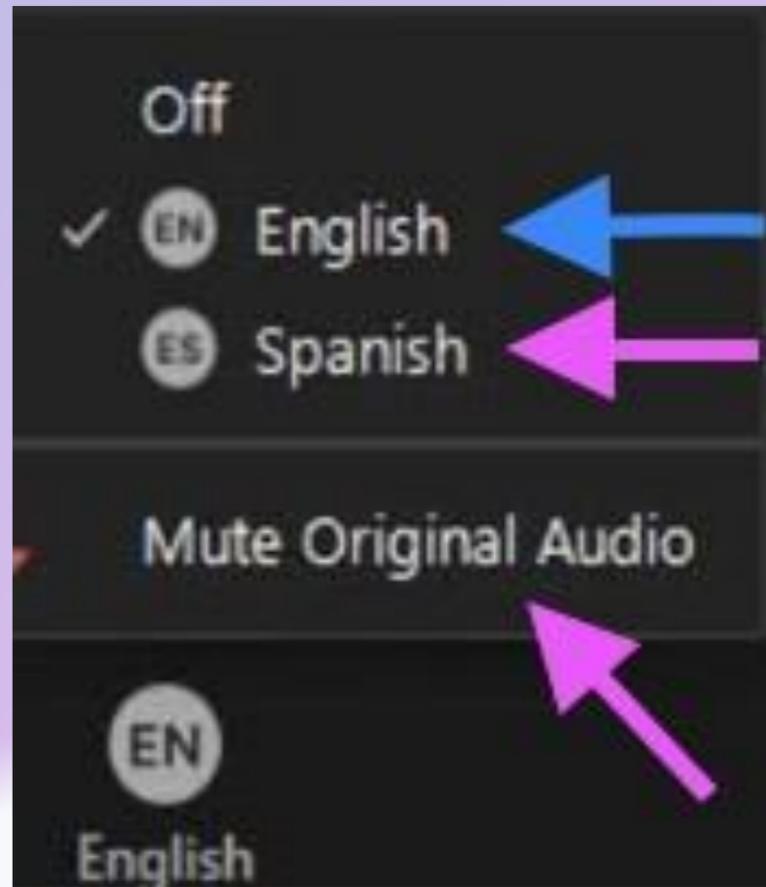


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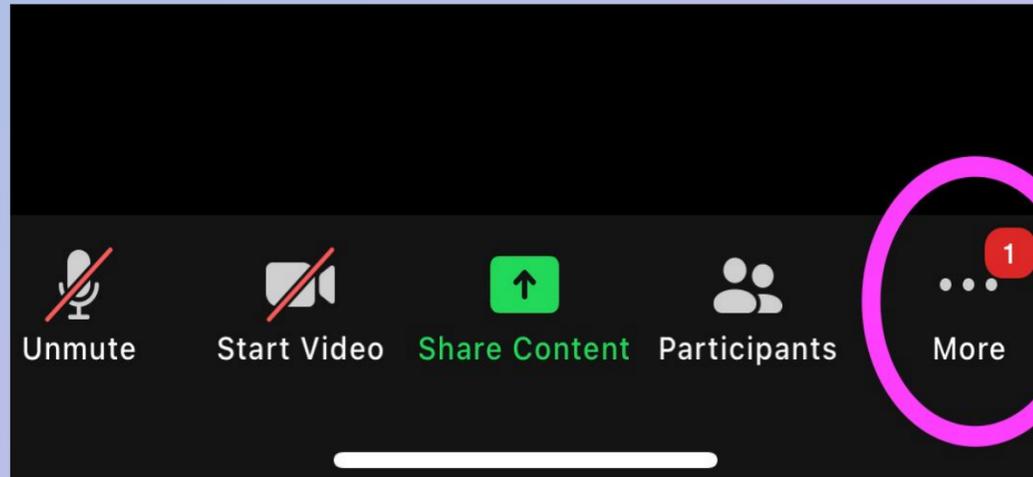


En su computadora, busque el globo terráqueo que dice Interpretación en la parte inferior de su pantalla.

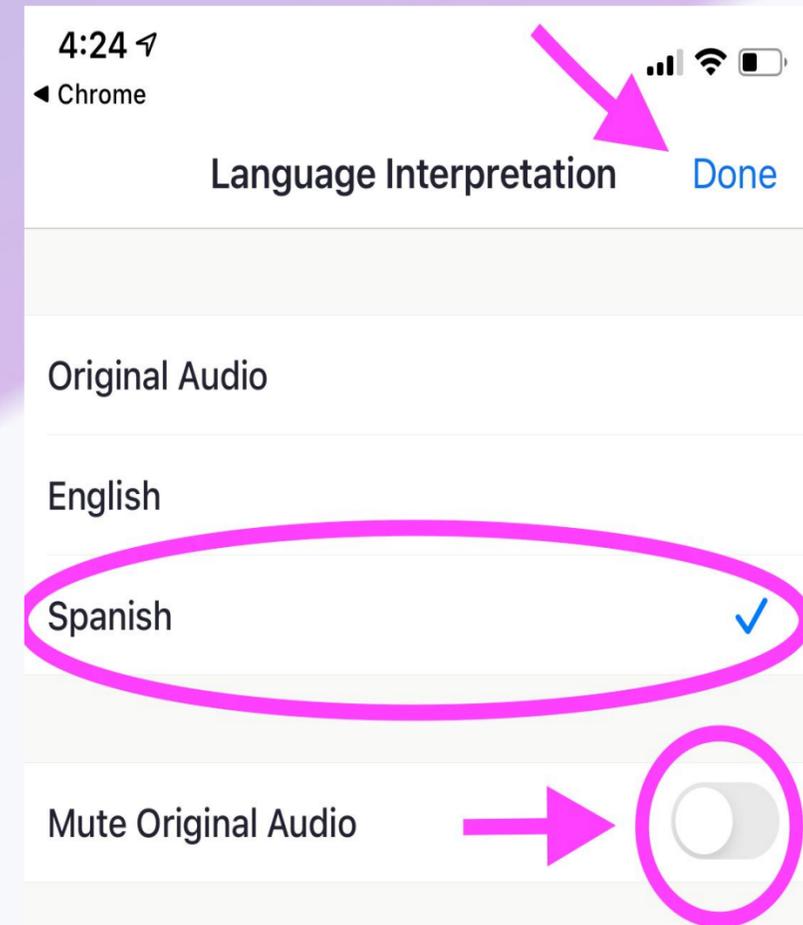
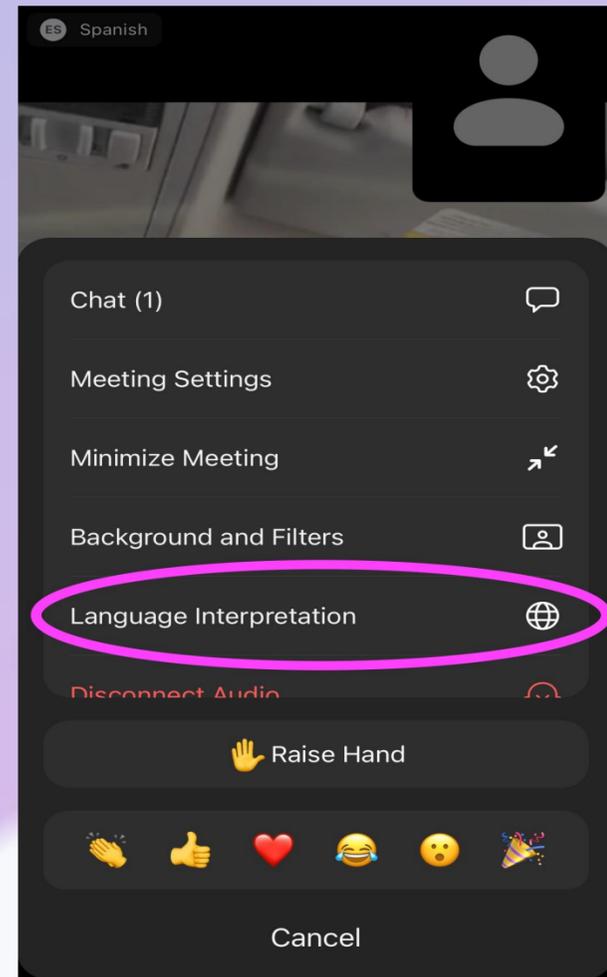
Choose English as your language. Make sure to NOT mute original audio so that you can hear the main room



Seleccione Español.  
Asegúrese de  
Silenciar Audio Original, si  
solo desea escuchar al  
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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 CENTERS ARE KEY TO VIOLENCE PREVENTION

# 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.





Busca tu Centro más cercano  
y reciba información sobre la  
vacuna de COVID-19

Buscar >

## **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.





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# Learning Collaborative Summary

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

Sesión 1: Interseccionalidades entre la salud y la VPI  
Febrero 22, 2023

**Universal Education and Support for Patients who have Experienced Intimate Partner Violence or Exploitation**

Session 1 : Intersectionalities between health and IPV  
February 22, 2023

  HEALTH PARTNERS 





# 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 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



# National DV Hotline: Survey on Intersections of DV and Primary Healthcare

- 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

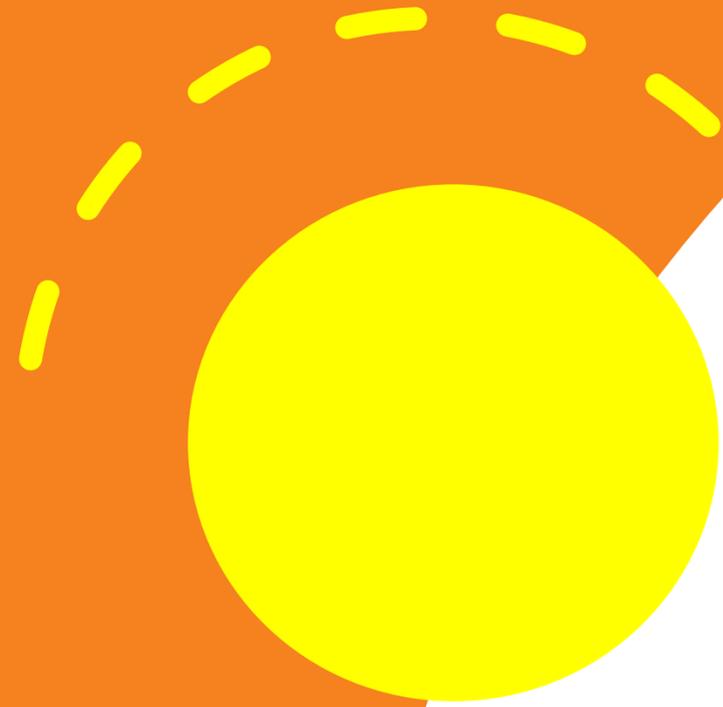


# Impacto de la violencia de pareja íntima

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



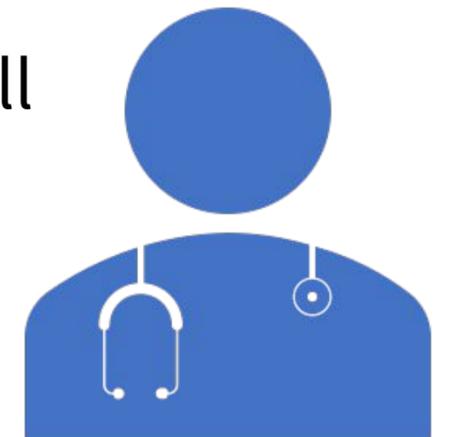
# Límites y daños de la práctica basada en la divulgación de la experiencia de abuso del/la cliente/paciente

- 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/](https://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

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

## Helping a Friend

Everyone feels helpless at times and like nothing they do is right.

Sound familiar? This can be a bigger problem if you have a partner who is unhealthy or unsafe. Connecting with friends or family who are having hard times like this is so important.

**You can help by telling them they aren't alone.** "Hey, I've been there too and someone gave this card to me. It has ideas on places you can go for support and things you can do to be safer and healthier."

And for you? Studies show when we help others we see the good in ourselves, too.

## Partners Can Affect Health

**A lot of people don't realize that having a partner hurt you with their words, injure/hurt you or make you do sexual things you don't want to can affect your health:**

- ✓ Asthma, diabetes, chronic pain, high blood pressure, cancer
- ✓ Smoking, drug and alcohol abuse, unplanned pregnancies and STDs
- ✓ Trouble sleeping, depression, anxiety, inability to think or control emotions

Talking to your health provider about these connections can help them take better care of you.

## Stronger You

What does it mean to be strong, resilient or come back from bad experiences?

- ✓ Knowing you aren't at fault for what was done to you.
- ✓ Figuring out how to manage stress and find healthy ways to cope.
- ✓ Finding people who are safe can help you heal.

Maybe you have a good friend to talk with. Maybe you don't yet. For some, talking to the helpful people from the hotlines listed on this card might be a great first step.



## Simple Steps For Healing

**Science tells us when you are hurt as a kid or as an adult you are at risk for having a hard time taking care of yourself. Let's change that.**

1. The best way to make it better is to reduce the stress on your body.
  - Exercise—it calms the brain and body and helps you feel better.
2. It sounds silly, but when you get hurt, your body learns how to hold on to that stress and worry. There's a way to turn down anxiety when it's safe.
  - Deep breathing is the key to this. Check out "Tactical Breather," a free cell phone app to help you feel calm and reminds you how to slow your breathing to help you think.



# 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



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Funded in part by the U.S. Department  
of Health and Human Services and  
Administration on Children, Youth and  
Families (Grant #90EVD414).

General Health

The National Domestic Violence Hotline is confidential, open 24/7, and has staff who are kind and can help you with a plan to be safer.

The Hotline

**1-800-799-SAFE (1-800-799-7233)**

**TTY 1-800-787-3224 - [www.thehotline.org](http://www.thehotline.org)**

Text trained counselors about anything that's on your mind:

Crisis Text Line **[www.crisistextline.org](http://www.crisistextline.org)**

**Text "START" to 741741**



A tool to help with safety decisions if you, or someone you care about, is experiencing abuse in their relationship.

Download at [myPlanApp.org](http://myPlanApp.org) >



**Important Reminder:**  
**Although disclosure is not the goal,  
people still share their experiences of  
abuse.**



I believe you.	I am so sorry this is happening to you.	Thank you for sharing this.
I don't even know what to say right now, but I am so glad you told me.	You don't deserve this.	Thank you for telling me.
It's not your fault.	You are not alone.	You get to choose what you do next.

## 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)
- b. S: Support: [https://youtu.be/G\\_l3iCgtVcM](https://youtu.be/G_l3iCgtVcM)
- c. "Warm referral" [https://youtu.be/G\\_l3iCgtVcM](https://youtu.be/G_l3iCgtVcM)



# 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)



Location	Examples of Community engagement
Schools / Universities	School-based clinics, after-school clinics, sports clinics, health classes, school counseling, health fairs
Mobile health units (MHUs)	Bringing MHUs to health fairs, community events, parks, or other communal spaces
Places of worship and spirituality	Spiritual support, food banks
Community centers	Vaccine clinics, physical shelters
Health institutions	Public health departments, hospitals, urgent cares, emergency departments (standing or connected), at-home care
Social service organizations	Local DV / rape crisis centers



# 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.*



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



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



**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**



# Protocols

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

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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.

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

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

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# 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

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Humanize the service process

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Provide safety to victims and survivors

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Improvement in the quality of services

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Protection of the health and well-being of victims, survivors and staff

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# Q&A

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# 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/>

