

# Oral Health and Intimate Partner Violence:

## Strategies for Providing Safe and Comfortable Patient Experiences

**Date:** Thursday, November 14th, 2024

**Time:** 8am HT / 11am PT / 12pm MT / 1pm CT / 2pm ET

*This webinar will be presented in English with Spanish and ASL interpretation.*

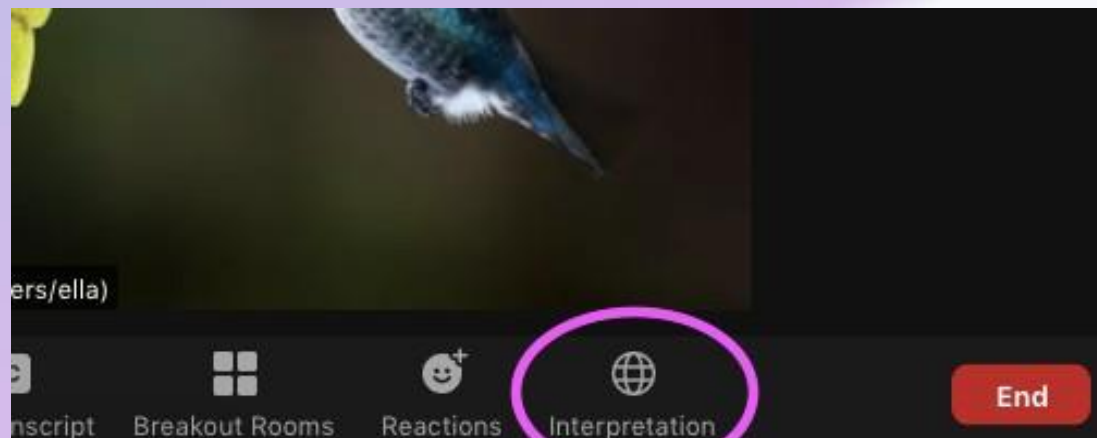
*The webinar will be recorded, emailed to participants, and archived online.*



# How To Access Language Interpretation on Zoom

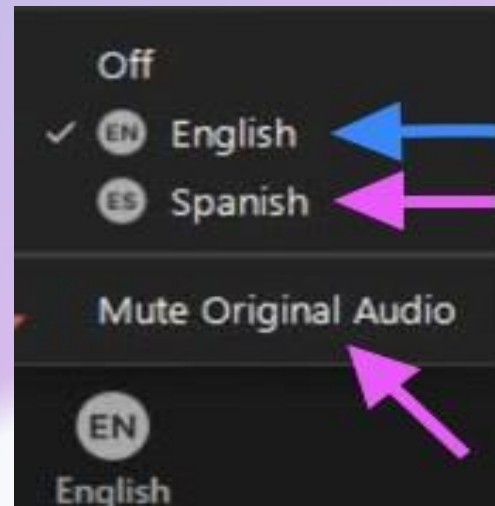
## Cómo Activar la Interpretación de Idiomas en Zoom

**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**

# Welcome and Speakers



Candace Hsu Owen,  
RDH, MS, MPH  
Senior Director of  
Education and Strategic  
Partnerships, NNOHA



Anna Marjavi  
Director, Health Partners on  
IPV + Exploitation



Huong Le, DDS, MA  
Chief Dental Officer,  
Asian Health Services

# HEALTH PARTNERS

## ON IPV + EXPLOITATION

Led by Futures Without Violence (FUTURES) and funded by HRSA's BPHC to work with 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
- English, Spanish and ASL interpreted programs and resources

**Learn more:** [www.healthpartnersipve.org](http://www.healthpartnersipve.org)

**Online toolkit:** [www.IPVHealthPartners.org](http://www.IPVHealthPartners.org)



National non-profit membership association that supports equitable, high-quality oral health care for all. NNOHA is the oral health HRSA NTTAP. NNOHA's membership now includes over 5,000 dental professionals and partners.

- Resources and publications on oral health access and practice management
- Learning collaboratives on topics including integration, teledentistry, UDS sealant measure, and dental assistant workforce
- Webinars and on-demand learning
- Leadership training programs
- Annual Conference – San Antonio, November 9-12, 2025

**Visit** [www.nnoha.org](http://www.nnoha.org) or **email** [info@nnoha.org](mailto:info@nnoha.org)





# Learning Objectives

At the end of this webinar, participants will be able to:

1. Describe barriers that survivors of IPV/HT may experience in accessing oral health care
2. Share strategies to provide safer and more comfortable patient experiences during oral health visits
3. Discuss the importance of community partnerships to optimize care coordination and support for survivors of IPV/HT



# Intimate Partner Violence (IPV)

**A person(s) in a relationship is using a pattern of methods and tactics to gain and maintain power and control over the other person.**

- Legal definitions are often more narrowly defined with particular focus on physical and sexual assault
- Public health definitions include a broader range of controlling behaviors that impact health, including:
  - Emotional abuse
  - Social isolation
  - Stalking
  - Intimidation and threats

For prevalence data, see the CDC NISVS:  
<https://www.cdc.gov/nisvs/documentation/index.html>

# Barriers to Care



## Intersections of Domestic Violence and Primary Healthcare

Post-interaction surveys commenced on March 29, 2021. More than 3,400 surveys were administered. For the period June 23 - August 1, 2021, 242 of The Hotline's anonymous users voluntarily participated in the focus survey.

**53%**

reported that a partner who chooses to abuse has also controlled and/or restricted healthcare access

**46%**

of those respondents indicated the frequency or intensity of abuse increased during COVID-19

**42%**

agreed their healthcare provider spends time or talks with them without their partner present

<https://www.thehotline.org/get-help/healthcare-and-abuse/>

# Pregnancy, IPV and Oral Health Experiences

Women who experienced prenatal physical IPV reported worse oral health experiences during pregnancy, including:

- being more likely to report not knowing it was important to care for their teeth
- not talking about dental health with a provider
- as well as having more unmet dental care needs.

(Testa, Intimate Partner Violence and Prenatal Oral Health Experiences, 2023  
<https://pmc.ncbi.nlm.nih.gov/articles/PMC10371134/>)

# Barriers to Oral Health Care for Survivors of Violence and Abuse

- Fear, anxiety
- Financial barriers, lack of information on affordability
- Lack of access to nearby clinic
- Difficulty being touched in the mouth + use of instruments
- Hard to be in a chair and not move
- Language barriers: limited interpretation or translation
- Bad previous health care or dental experiences
- Others? (Type in the chat)

# During the Dental Appointment

## Create a more comfortable dental experience:

- ✓ Introduce yourself and identify your role in the patient's care.
- ✓ Provide a clear explanation of costs, insurance benefits, and confidentiality.
- ✓ Recognize that oral health care is naturally invasive and can be triggering for patients
- ✓ Initiate conversations on relationships and abuse (see [CUES](#)).
- ✓ Validate disclosures of trauma or abuse and their impact on health status.
- ✓ Listen to the patient's concerns, worries, and fears.
- ✓ Respect the patient's needs for breaks, discussions, and pace.
- ✓ Use the "Tell-Show-Do" approach.
- ✓ Describe recommendations and the patient's health status in clear, plain language.
- ✓ Provide care navigation and resources to help the patient schedule additional appointments or connect with a community partner.

# Brochure: A Health Guide and Support for Dental Visits

- Features trauma-informed tips to help patients have comfortable visits and know what to expect during an oral health visit.
- Included are strategies and national resources on domestic violence, medical care and health centers.
- Stock in exam rooms and shared by oral health staff with their patients as part of the evidence-based [CUES Intervention](#).

Trifold brochure is 11" x 8.5" unfolded and / 3.6" x 8.5" folded. The brochure is available in English.

<https://healthpartnersipve.org/wp-content/uploads/2024/06/FINAL-5.23-A-Health-Guide-and-Support-for-Dental-Visits-Trifolds-Trifolds-1.pdf>





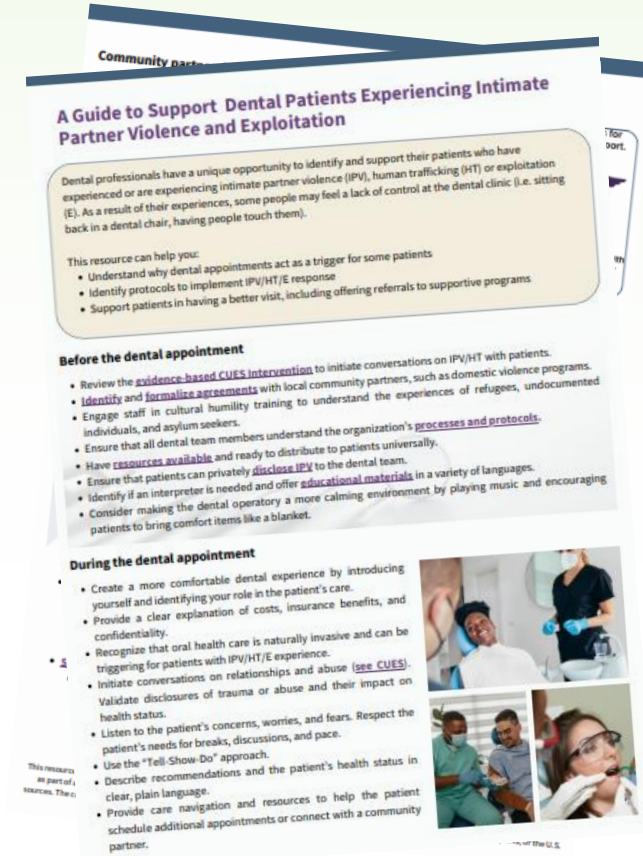
# A Guide to Support Dental Patients Experiencing Intimate Partner Violence (IPV) and Exploitation

This resource can help you:

1. Understand why dental appointments act as a trigger for some patients
2. Identify protocols to implement IPV/HT/E response
3. Support patients in having a better visit, including offering referrals to supportive programs

Brief is 2 pages and available in English.

<https://healthpartnersipve.org/wp-content/uploads/2024/06/FINAL-A-Guide-to-Support-Dental-Patients-Experiencing-Intimate-Partner-Violence-IPV-and-Exploitation.pdf>





# Patient Resources



- **National Hotline on Domestic Violence:** Confidential relationship support 24/7/365, 800-799-7233, Text START to 88788.
- **Give Back a Smile Program**, run by AACDCF, helps heal the severe impact of domestic and sexual violence. It restores the smiles of adult women and men who have suffered dental injuries caused by a former intimate partner, spouse, family member, or sexual assault.
- **Dental Lifeline Network** provides comprehensive dental care to adults across the U.S. These patients receive this care through the generosity of a network of volunteer dentists and laboratories.
- **Smiles for Success** offers cost-free dental care to women who have completed community programs or are currently enrolled in job readiness programs with community based agencies, religious institutions or rehabilitative systems.
- Local domestic/sexual violence program



# Domestic/Sexual Violence Advocacy Programs

**Domestic violence and sexual assault programs have vast experiences working with survivors of violence and assist them to identify ways to increase personal safety while assessing the risks.**

## **Advocates connect patients to additional services like:**

- Crisis safety planning (usually 24/hour hotline)
- Housing (emergency and transitional)
- Legal advocacy for IPV/HT, family court, immigration, labor
- Support groups/counseling
- Children's services
- Employment support



## **Find your State, Territory and Tribal Coalitions:**

- <https://nnedv.org/content/state-u-s-territory-coalitions/>
- <https://www.niwrc.org/tribal-coalitions>

# The Heart of the Model: Building Meaningful Partnerships

*Partnerships help promote bi-directional warm referrals for clients/patients and increase staff engagement and support.*



# Partnership Benefits

- Support for health center staff + patients who experience IPV and safety planning.
- Help establishing a primary care provider (PCP) – moving away from emergency-level care.
- Facilitate health enrollment for clients and staff.

## DV survivor health center enrollment tools:

- <https://healthpartnersipve.org/futures-resources/increasing-health-care-enrollment-for-survivors-of-domestic-violence/>

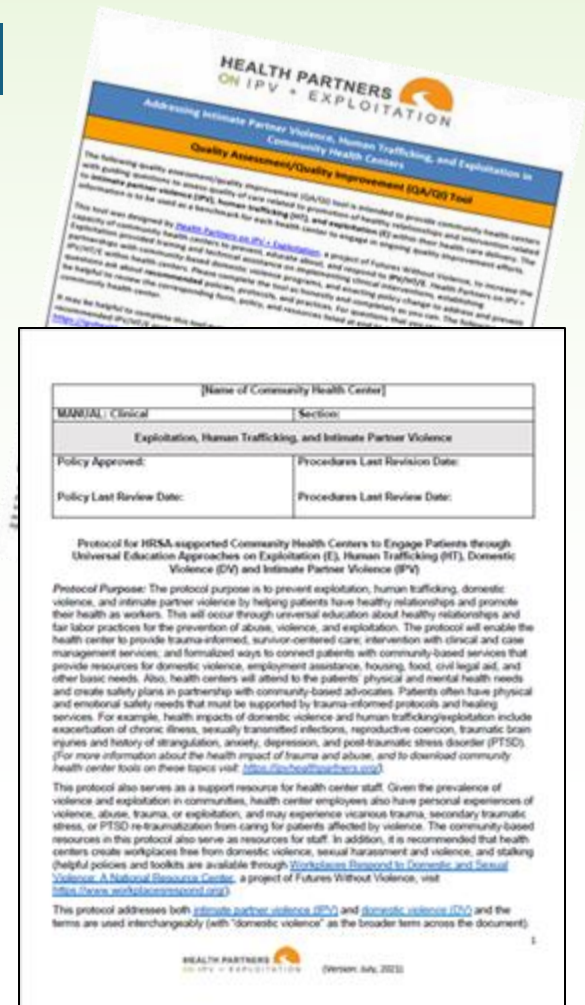
## Key partnership resources:

- <https://healthpartnersipve.org/resources/sample-memorandum-of-understanding/> (English/Spanish)
- <https://ipvhealthpartners.org/partner/>
- <https://healthpartnersipve.org/resources/partnerships-between-hcs-and-dv-and-sv-advocacy-programs-bi-directional-infographic/>



# Protocol on IPV/HT/E and QA/QI Tool

- The protocol was developed in 2021 as a response to the UDS measures on IPV/HT/E:
  - Available in English and Spanish.
  - Focus grouped in LCs for both languages.
- The Quality Assessment/Quality Improvement (QA/QI) tool provides guiding questions to assess quality of care related to IPV/HT/E interventions & healthy relationship promotion within health care delivery.
  - A benchmark for HC quality improvement efforts.



<https://healthpartnersipve.org/resources/sample-health-center-protocol/>  
<https://healthpartnersipve.org/resources/quality-assessment-quality-improvement-tool/>



# [www.IPVHealthPartners.org](http://www.IPVHealthPartners.org) online toolkit + CUES

Guidance on:

- ✓ Enhancing patient privacy
- ✓ Disclosing limits of confidentiality
- ✓ Universal education scripts
- ✓ Reaching friends and family
- ✓ Disclosures + supportive messages
- ✓ Warm referrals to local DV programs
- ✓ Safely sharing resources
- ✓ Tech privacy tips



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

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



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November 14, 2024

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# Asian Health Services

HEALTH FOR ALL. ADVOCACY FOR THE UNDERSERVED

## DENTAL PROGRAM

**1974-** Founded as a one-room clinic with all-volunteer staff, mostly students from UC Berkeley. The center provided more than 1,500 medical visits in its first year

**2003-** First state-of-the-art dental clinic opens with electronic health records (2<sup>nd</sup> clinic in CA to do so)

**2008-** First health center to host an AEGD residency in California

**2010-** Opened the first clinic in state that is co-located on campus of a junior college and a dental assisting program

**2014-** Started school-based program (3 sites)

**2016-** Launched \$3 million capital campaign to create California's first dental clinic with integrated behavioral health services and 4 specialties

**2022-** Launched first mobile dental program

**2023-** Remote Preventive Dental Program

**2024-** Expanding to southern part of Alameda county, AAAHC accreditation

**2025-2026:** AEGD Residency

## Other services offered include:

- Medical
- Integrated Behavioral Health
- Specialty Mental Health Services
- Youth and Teen Program
- HIV
- School-Based
- Mobile van
- Bantaey Srei

# Asian Health Services



**Kimberly Chang, MD, MPH**  
**Speaker of the House**

Term Expires 9/2025

## Asian Health Services

Kimberly Chang MD, MPH is a Family Physician and Human Trafficking and Healthcare Policy Fellow at Asian Health Services (AHS) in Oakland, California. As a Fellow in Minority Health Policy at Harvard Medical School, she completed a policy practicum addressing the role of health centers in caring for victims of human trafficking. Kimberly has provided care for many commercially sexually exploited children; and has trained thousands of U.S. and international front-line multidisciplinary professionals on the health care intersect with human trafficking. She has also provided expert testimony to Congress on “Best Practices in Rescuing Trafficking Victims.” In 2021, she was appointed by President Biden to the President’s Advisory Commission on Asian Americans, Native Hawaiians, and Pacific Islanders (WHIAANHPI) within the U.S. Department of Health and Human Services (HHS).



# Principles of Trauma-Informed Care

## What is Trauma-Informed care?

- **“Individual trauma** results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being”
- **Trauma-informed care** acknowledges the need to understand a patient’s life experiences in order to deliver effective care and has the potential to improve patient engagement, treatment adherence, health outcomes, and provider and staff wellness

Reference: <https://www.samhsa.gov>



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# Examples of Trauma

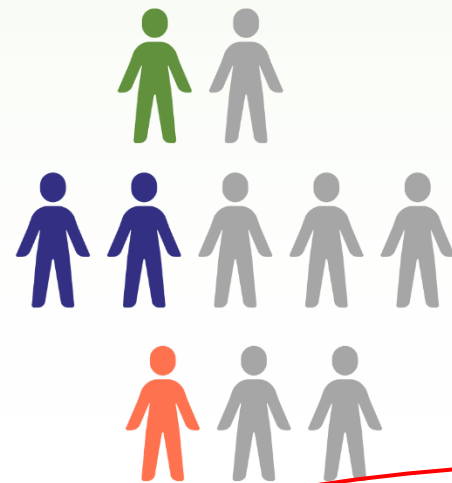
- Experiencing or observing any form of physical, sexual, and emotional (verbal) abuse, as a child or adult, in relationship or not
- Childhood neglect
- Having a family member with mental health or substance abuse disorder
- Experiencing or witnessing violence in the community
- Poverty and systemic discrimination
- It is often a cycle that gets worse over time – not a one-time ‘incident’
- Abusers use jealousy, mental health, money and other tactics to be controlling and abusive – not just physical violence
- Leaving an abusive relationship is not always the best, safest or most realistic option for survivors

Reference: <https://www.samhsa.gov>

AHS CUES Training (Dr Kimberly Chang)



# Statistics on Intimate Partner Violence and Trafficking



**1 in 2 (50%)**

U.S. women

**2 in 5 (40%)**

U.S. men

**1 in 3 (30%)**

U.S. men, women, and non-binary people of  
trans experience

SOURCE: 2019/2018 National Intimate Partner and Sexual Violence Survey (NISVS)

**up to 88%** of victims have encountered  
healthcare providers while being trafficked.

SOURCE: Exeni McAmis et al., 2022



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# Asian Health Services

- Trained all staff on CUES
- Utilizes multi-lingual safety card tools
- Implemented Smart Tool

# AHS Dental

- Identify patients with trauma history using the training, CUES tool
- Main principle: **Avoid re-traumatizing the patients**
- Provide safe and compassionate care to patient's needs by showing understanding and non-judgmental approach: OH, dental conditions, gentle reminders and words of encouragement-Remember that if they don't give you full answers, it does not mean they are **non-compliant patients!**
- Patient stories:
  - ❖ Victim of domestic violence
  - ❖ Sexual abuse: young child
  - ❖ Sex trafficking patient



# Trauma-Informed Organizational Practices

- Training clinical as well as non-clinical staff members
- Leading and communicating about the screening process
- Engaging patients in organizational planning
- Creating a safe environment for both patients and staff
- Preventing secondary traumatic stress for both patients and staff

<https://www.nachc.org/hidden-no-more-what-every-health-center-should-know-for-domestic-violence-awareness-month/>

# Does Screening Support Survivors?

- ✓ Low disclosure rates
- ✓ Not survivor centered
- ✓ Resources offered only based on a patient's disclosure
- ✓ Missed opportunity for prevention education



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# Shifting away from Screening

- “No one is hurting you at home, right?”
- “Within the last year has he ever hurt you or hit you?”
- “I’m really sorry I have to ask you these questions, it’s a requirement of our clinic.”
- Every year, there are 12 million people who are victims of **IPV**
- **Observation and recognition of signs: bruises on face (most vulnerable area of a body), chipped tooth, bruises in mouth, body scars, unusual behaviors (extremely timid, hands over mouth, extremely quiet, looking around, defensive body position, etc.)**
  - Women were more likely to discuss experiences of violence when nurses initiated open-ended discussions focused on parenting, safety or healthy relationships.
  - The use of structured screening tools at enrollment does not promote disclosure or in-depth exploration of women’s experiences of abuse

(Jack, 2016 <https://pmc.ncbi.nlm.nih.gov/articles/PMC5525568/>)



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National Network for Oral Health Access



# CUES: An Evidence-Based Intervention

## ❖ **C: Confidentiality**

See patient alone for part of every visit, 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 local domestic/sexual violence partner agency or national hotlines



For more information on CUES, see <https://healthpartnersipve.org/resources/addressing-ipv-and-exploitation-in-health-centers-cues-infographic/> and <https://healthpartnersipve.org/resources/futures-without-violence-cues-videos/>

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



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# Universal Education

Provides an opportunity for clients to make the connection between violence, health problems, and risk behaviors.



\* IPV/HT screening should be provided by first doing universal education.



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# The Evidence Behind CUES

The CUES Intervention was developed as a result of more than fifteen years of research in reproductive and adolescent health settings.

**What we heard survivors want from health professionals:**

- Autonomy
- Empathy & Compassion

**There are limitations to screening without universal education:**

- Low Disclosure Rates
- Screening Impact

**Importance of confidentiality:**

- Privacy Concerns
- Non-Disclosure Reasons

**Universal education + empowerment + cross sector partnership:**

- A trauma-informed, comprehensive approach
- Providers gain confidence and awareness from universal education programs



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# Be Prepared

## **Be aware of potential red flags:**

- If a patient seems hesitant to talk, appears anxious, or has visible injuries, this could indicate abuse.

## **Know your local resources:**

- Be prepared to provide information about shelters, hotlines, and legal options for domestic violence survivors.

## **Consider using a standardized screening tool:**

- Some healthcare providers utilize validated domestic violence screening questionnaires like the "SAFE" questions



# Assessment

- How comfortable are you interacting with \_\_\_\_\_ now?
- Do you have any concerns, fears or anxieties that I should be aware of?
- What worries you most?
- Has there ever been any physical violence between you and \_\_\_\_\_? If so, can you tell me about that?
- Have you ever felt so ashamed, humiliated, embarrassed or fearful by something you or \_\_\_\_\_ said or did to the other that you didn't want anyone else to know about it? If so, can you tell me about what that was like for you (without revealing specifics)?
- Have you or \_\_\_\_\_ ever forced the other to do sexual things the other didn't want to do or insisted on having sex when the other didn't want to? If so, can you tell me about that?

Reference:

<https://www.bwjp.org/assets/ipv-screening-guide-3-28-17.pdf>

# Smart Phrases

Things to say to people who have experienced harm:

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.

- **Be nonjudgmental**
- **Listen**
- **Offer information and support**
- **Do not push for disclosure**

\*\*\*Domestic violence patient:  
what was said to the patient

# OCHIN Epic Integration

Name	Description
☆ CUESPROVIDERDOCUMENTATION	Provider in documentation to indicate if CUES Universal Education w...

DOCUMENT\_CUES\_EDUCATION\_AND\_DISCLOSURE:3}  
{If you need to modify your response, click on the link below or go directly to Flowsheets Activity  
MR\_DOCUMENT\_FLOWSHEET:3}

# Warm Referral

When you connect a patient to a local DV program it makes all the difference.  
*(Maybe it's not safe for them to use their own phone).*

**“If you would like, I can put you on the phone right now with [name of local advocate], and they can come up with a plan to help you be safer.”**



# Partnerships

- Bantaey Srei
- Alameda County Dental Society



# Banteay Srei

- Banteay Srei is a safe space for young and low income Southeast Asian women.
- We promote education, community, and leadership to foster cultural pride and self-determination for women at-risk of or engaged in sexual exploitation
- Bong Srei Leadership

The Bong Srei (“older sister” in Khmer) is Banteay Srei’s cascading mentorship and leadership program where alumni become youth leaders of Banteay Srei.
- Self-Reliant Empowered Individuals – SREI

SREI is one of Banteay Srei’s empowerment programs where young Southeast Asian women are provided with a safe space to learn, teach, and ask questions about Southeast Asian cultures (i.e. Cambodian, Vietnamese, Lu-Mien, Lao, Khmu, and more), share their future goals, overcome violence, learn about women’s reproductive health, identify and address the issues of sexism, sexual exploitation, sexual harassment, bullying, but also moving forward through building healthy relationships and determining how we empower ourselves as young Southeast Asian women, especially in the streets of Oakland.



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National Network for Oral Health Access



# Alameda County Dental Society

- **Community Outreach Program**
- Volunteer dentists provide free dental screening and education to various non-profit organizations such as schools and battered women and homeless shelters



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# Questions? Thank you and Evaluation

- ✓ Please take a post-survey after closing or scan the QR Code. (You must complete the survey to receive CDE)
- ✓ Stay connected to Health Partners on IPV + Exploitation by signing up for our monthly newsletter: *Catalyst for Change*

To register, please refer to the bottom of the page: [www.healthpartnersipve.org](http://www.healthpartnersipve.org)



<https://redcap.link/58jmkyxg>

# HRSA BPHC Project Support

This project 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 to Futures Without Violence totaling \$679,175 under grant number U30CS39198-05 with 0% percentage financed with non-governmental sources and an award to National Network for Oral Health Access for \$550,000 under grant number U30SC29051 with 0% percentage financed with non-governmental sources. The contents are those of the presenters 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 [HRSA.gov](https://www.hrsa.gov).