

Building a Health Center Response to Intimate Partner Violence Community Health Worker Role

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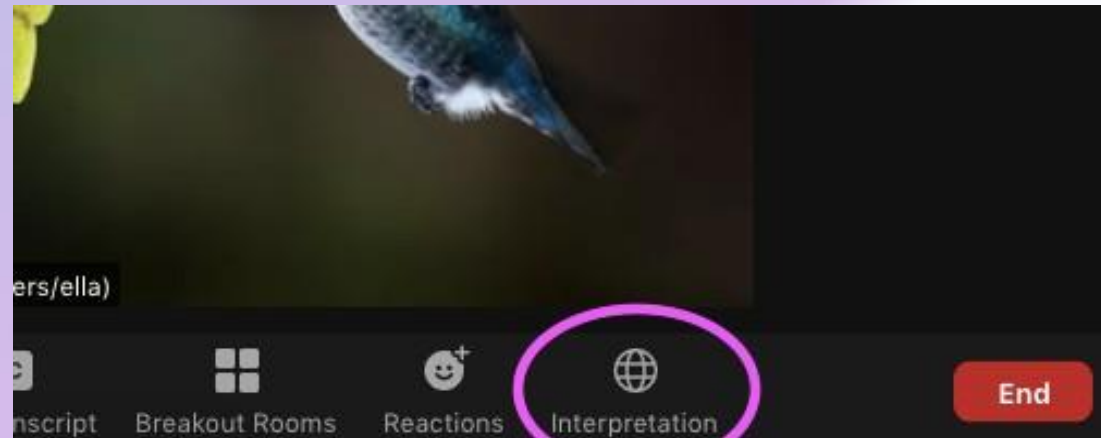
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How To Access Language Interpretation on Zoom

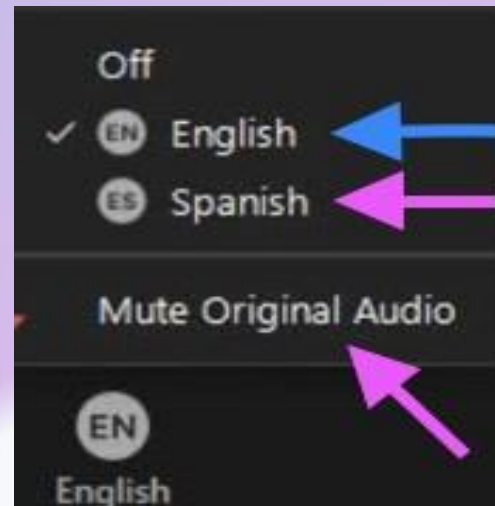
Cómo Activar
la Interpretación
de Idiomas en Zoom

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



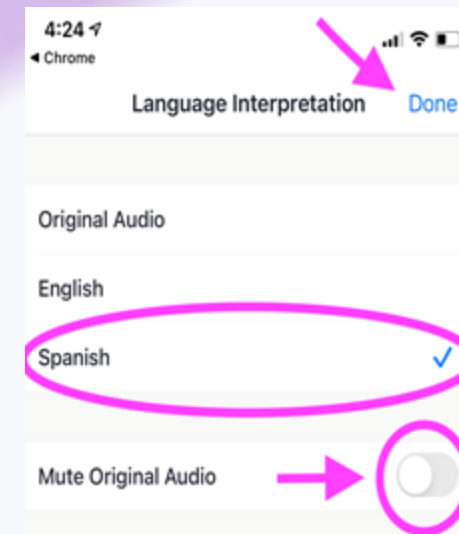
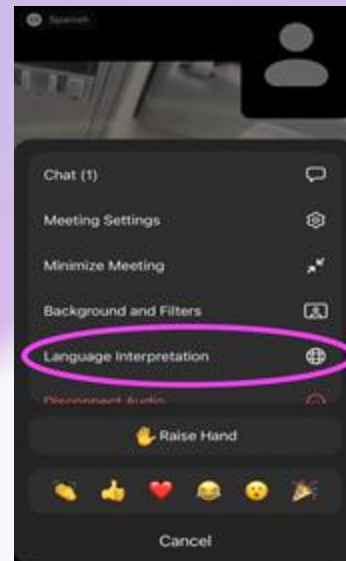
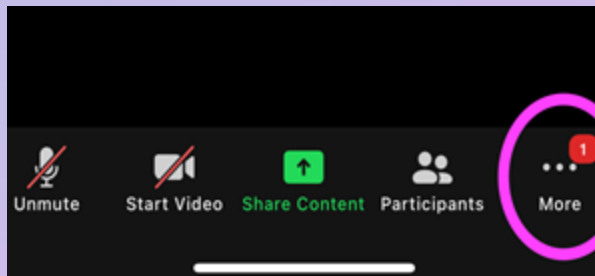
En su computadora, busque el globo terráqueo que dice Interpretación en la parte inferior de su pantalla.

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, esc oja “Español” y silencie el audio original.

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HEALTH CENTERS ARE KEY TO VIOLENCE PREVENTION

Health Partners on IPV + Exploitation

Led by Futures Without Violence (FUTURES) and funded by HRSA 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:

- Communities of Practice on key topics for small cohorts
 - Webinars + archives
 - Clinical and patient tools, an online toolkit, evaluation + Health IT tools
- Learn more: www.healthpartnersipve.org



The National Health Resource Center on Domestic Violence



For three decades, the National Health Resource Center on Domestic Violence has supported health care professionals, domestic violence experts, survivors, and policy makers at all levels as they improve health care's response to domestic violence.

Through training, technical assistance, and resource development, the National Health Resource Center on Domestic Violence is building the capacity of health professionals and domestic violence advocates to safely and effectively respond to the health needs of survivors.

Visit us at ipvhealth.org

Important Notes

- Because domestic violence and intimate partner violence are common, we assume that there are survivors among us.
- Take care of yourself first. It is ok to step away from Zoom.
- Respect patient and client confidentiality when asking questions or sharing stories.
- All voices are needed and welcome.



Objectives for today's session:

1. Describe the impact of intimate partner violence (IPV) on survivors' health and access to care.
2. Identify how to integrate universal education and a patient-focused response to IPV into community health worker services.
3. Appreciate the value of formal partnerships in providing care and support to survivors.
4. Describe eligibility for and the process to access the Special Enrollment Period for survivors of domestic violence.



What is 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**



Prevalence

- More than 1 in 3 women (34.0%, or nearly 43.5 million) in the U.S. experienced contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime.
- More than 1 in 6 men (17.0%, or 20.7 million) in the U.S. experienced contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime.

U.S. Centers for Disease Control and Prevention: The National Intimate Partner and Sexual Violence Survey 2023/2024 Intimate Partner Violence Data Brief



Relationships can affect your health

- General health and wellbeing
- Brain injury
- Anxiety and/or depression
- Asthma
- Cardiovascular disease
- Substance use
- Sexual health
- Gastrointestinal disorders
- Perinatal health
- Early childhood exposure to IPV





How might someone help prevent the skateboarder from getting seriously hurt now, or in the future?



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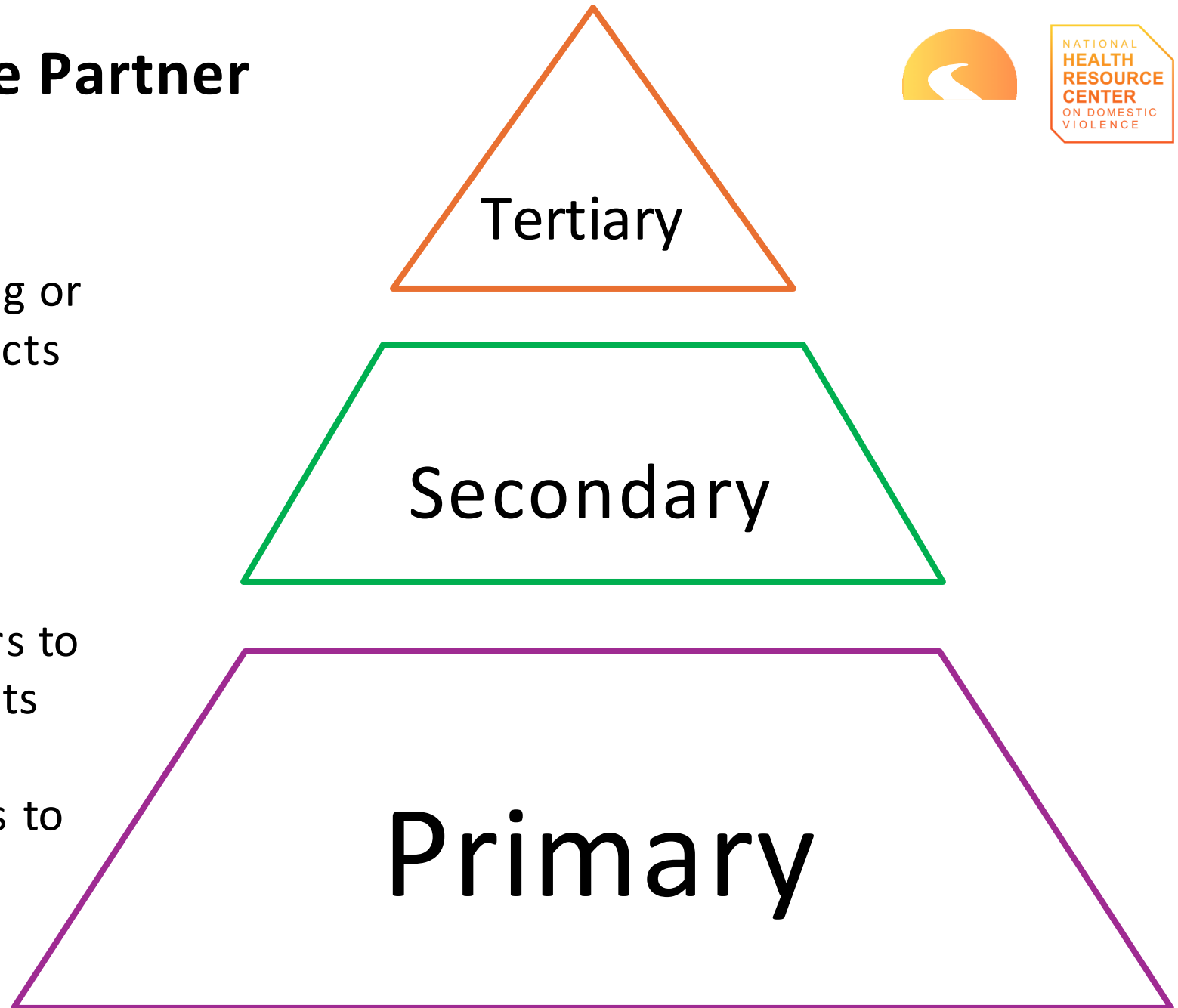
Prevention of Intimate Partner Violence



Tertiary Prevention: Addressing or managing the long-term impacts of violence

Secondary Prevention: Addressing the immediate response after violence occurs to support the short-term impacts

Primary Prevention: Strategies to prevent violence or abuse before it occurs



National Domestic Violence Hotline: Intersections of Domestic Violence and Primary Healthcare Survey

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.
- 42% agreed their healthcare provider spends time or talks with them without their partner present.



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

National Domestic Violence Hotline: Intersections of Domestic Violence and Primary Healthcare Survey

Words most frequently used to describe barriers to accessing healthcare from the hotline users surveyed:

- Finances
- Childcare
- Insurance
- Transportation



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

Care Seeking in the Context of IPV

Opportunities to access care are impacted by:

- Controlling partner who restricts access
- Lack of responsive support services
- Lack of access to housing, health services, jobs, etc.
- Lack of trust in official systems
- Fear of outcomes if agencies/systems are involved
- Lack of safe options to report violence to the police or use the courts

Communities with increased non-clinical factors may experience more of these barriers.



Does Screening Support Survivors?

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

What if disclosure/identification is no longer the goal?



Why might a survivor choose not to disclose IPV/HT when screened by a healthcare provider?

- Shame, judgement, stigma
- Fear, threats
- Fear of systems/police involvement
- Afraid children can be taken away
- Lack of awareness of victim status and rights
- Lack of knowledge of U.S. laws
- The experiences are not captured in the screening tool
- Screening was conducted in a way that is not patient-focused
- Screening process creates a power differential between healthcare workers and patients



Shifting Away from Screening...

“No one is hurting you at home, right?”

(Partner seated next to client as this is asked – consider how that felt to the patient?)

“Within the last year has he ever hurt you or hit you?”

(Nurse with back to you at her computer screen)

“I’m really sorry I have to ask you these questions, it’s a requirement of our clinic.”

(Screening tool in hand -- What was the staff communicating to the patient?)



Universal Education

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

**If a health center currently has IPV/HT screening as part of their requirements: we strongly recommend first doing universal education.*



CUES: An Overview



C: Confidentiality See patient alone for part of every visit, disclose limits of confidentiality

UE: Universal Education Normalize activity:

"I've started giving two of these cards to all of my patients—in case it's ever an issue for you because relationships can change and also for you to have the info so you can help a friend or family member if it's an issue for them."

Make the connection—open the card and do a quick review:

"It talks about healthy and safe relationships, ones that aren't and how they can affect your health....and situations where youth are made to do things they don't want to do and tips so you don't feel alone."

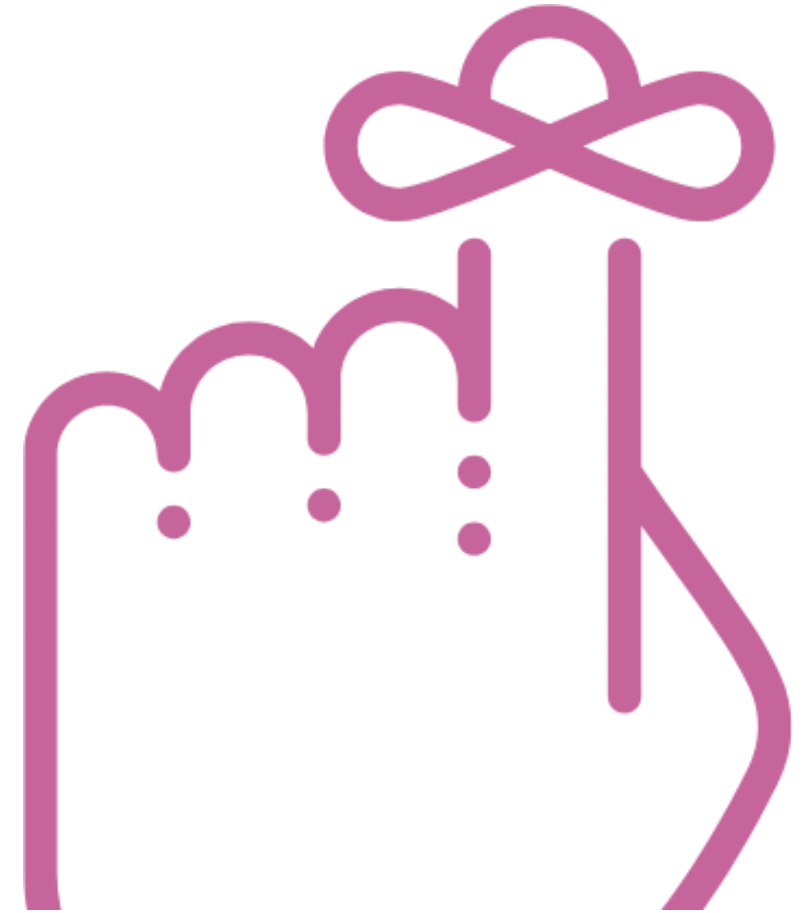
S: Support Provide a "warm referral" to local domestic/sexual violence agency:

"On the back of the card there are 24/7 text and hotlines that have folks who really understand complicated relationships. You can also talk to me about any health issues or questions you have."



Important Reminder

Though disclosure of violence is not the goal, it will happen -- know how to support someone who discloses.



Thank you for trusting me with your story.

You are not alone.

This sounds really difficult.

Support is available.

It takes a lot of courage to talk about this.

No one deserves to be treated this way.

It's not your fault.

You are so strong.

I know you love your child(ren).

S: Support

**Supportive
and validating
responses**



Redefining Success

Success is measured by our efforts to reduce isolation and improve outcomes for safety and health.

- Grow strong partnerships with DV advocacy programs
- CUES approach **versus** screening alone
- Confidential environment: see patients alone for part of every visit
- Offer patients supportive messages
- Offer patients strategies to promote safety and health
- Make warm, supported referrals to DV advocacy programs





Setting/Population-specific Safety Card Tools

Population and Setting Specific

- Adolescent Health
- Parents and Caregivers
- Pediatrics and Home Visitation
- Primary Care

By language:

- Available in English and most in Spanish.
- Our Primary Care (General Health) safety card is available in a variety of languages.



<https://store.futureswithoutviolence.org/>

CUES is Healing-Centered Engagement

Builds Relationships

**Strength-Based
Caring Focused**

Focus on Altruism

**Improves Access to
Advocacy**

**Empowers clients
and the folks they
care about**

**Shares power
between provider
and client**



The Heart of the Model: Building Meaningful Partnerships

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



Community Health Center Partner
Improve health and safety through "CUES"



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Guest Speaker:

Leigh Hofheimer

Senior Program Director

The Washington State Coalition Against Domestic Violence & Sexual Assault

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Role of an advocate – sees the survivor as expert on their relationship and safety while identifying problems in any system response that survivors use, and advocates on their behalf, helping survivors get what they want and need.

Advocacy services are free, confidential, voluntary, mobile.

Anyone can call for support, consultation, problem-solving. You don't have to give your personal information.

Survivors don't have to leave the relationship or need emergency housing to get help and support.

The Role of a DV advocate & advocacy services

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

Find your State or U.S. Territorial Coalition for a list of advocacy program services.

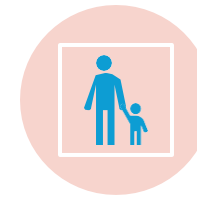
Domestic Violence Advocacy Programs offer:



Support groups



Access to supportive services



Help navigating systems



Safety planning



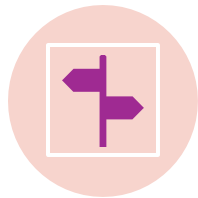
One-on-one advocacy (by phone or in-person)



Housing supports and financial benefits



Legal advocacy



Connection to local resources



Survivor Support: Special Enrollment Period

Summary

- If domestic violence or spousal abandonment occurs outside of the Open Enrollment Period, the survivor does not need to wait for that period to find a new healthcare plan.
- They can qualify for a Special Enrollment Period (SEP) **and call the Marketplace Call Center at 1-800-318-2596 (TTY: 1855-889-4325)** to access the Special Enrollment Period (SEP).
 - Dependents can be enrolled during the SEP with their parent/guardian.



Healthcare.gov Enrollment for Survivors of Domestic Violence

People who have experienced intimate partner violence (IPV) have insurance that covers behavioral health. Community health centers are helping survivors enroll in primary health and enrollment periods possible across the country. [Health centers](#) and [programs](#) that serve survivors and improve

TOP 5

Ways Health Centers Can Promote Health Care Access for Survivors of Domestic Violence

Healthcare access is critical for survivors of domestic violence (DV) but it may feel difficult or even impossible for them to access. Fortunately, health center enrollment specialists can help by partnering with their clinic staff and local DV programs to identify survivors who need assistance, understanding the specific provisions related to DV and by educating staff at the health center who may be experiencing DV too.

Encourage clients to call the local call center (1-844-844-8444) to help coordinate enrollment periods for them right away. <https://localhealthcenter.org> client needs. Encourage them to call the National Domestic Violence Helpline (1-844-784-7469).

1. Get to know the special enrollment periods that are available to domestic violence survivors

Survivors of DV and their dependents may purchase health insurance at any point during the year by starting a new application with the Call Center and asking for a Special Enrollment Period. They must say that they are a "victim of domestic violence." Review the "Healthcare.gov Enrollment for Survivors of Domestic Violence" guide memo to understand how you can help survivors enroll year-round.



2. Learn more about the financial supports for some survivors of domestic violence

Survivors of DV who are legally married but who do not live with their spouse and will file taxes separately, are not required to count the spouse's income towards their household income. This means that these consumers are able to qualify for financial help based on their own salary—making health insurance much more affordable. You can help survivors understand if they are eligible for financial assistance to help pay for a [Healthcare.gov](#) plan based solely on their own income.



3. Get to know your local DV program

As enrollment specialists in health centers you can play an important role building a bridge between health care providers and staff in your center and local DV programs.

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Additional Resources from Health Partners on IPV +Exploitation

- In-depth PDF identifies the unique opportunities for health enrollment specialists and health center staff to increase health access for survivors of domestic violence
- 2-page PDF summarizes the key actions to promote health center enrollment for survivors



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How might this picture represent how one might care for themselves while doing work to support domestic violence survivors?



Taking Care of Oneself

"If we want to do our work with people and environments that suffer in a sustainable way, we need to understand how our work affects us."

(Laura Van Dernoot Lipsky, *Trauma Stewardship*, 2019)





How might this picture represent how one might care for themselves while doing work to support domestic violence survivors?



Support Networks

Supportive relationships can reduce stress and help us live longer, healthier lives.

They can be with family, friends, teachers, coaches, mentors, or anyone who helps us feel better when we depend on them or spend time with them.

There is evidence that being around supportive people can make us healthier by calming our brain and body when stressful things happen in our lives.





How might this picture represent how one might care for themselves while doing work to support domestic violence survivors?



Cultivating Connection

A sense of belonging and connection to your community can help improve health.

No one person in a clinic or health care setting implements CUES, or supports patients experiencing intimate partner violence, alone.

"...the power of social support is more about mutuality than about getting for self...that is, there is a need to give, to matter, to make a difference; we find meaning in contributing to the well-being of others." - J.V. Jordan, 2006



Audience Q/A



Your questions, thoughts, or reflections?



Thank You!

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