

“DID YOU KNOW YOUR RELATIONSHIP CAN AFFECT YOUR HEALTH?”

The doula’s role in preventing and responding to domestic violence

Beyond Silos
September 30, 2024

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About me

- Mama!
- Doula
- Advocate
- Public health activist



Caring for others starts with us

**CARING FOR
MYSELF IS NOT
SELF-INDULGENCE,
IT IS SELF-
PRESERVATION
AND THAT IS
AN ACT OF
POLITICAL
WARFARE.**

AUDRE LORDE



- There are survivors among us
- Self care
- Care for each other— assuming good intentions, reduce victim blaming
- Support resources





Our time together

As a result of today's session, you will be better able to:



- Describe the health impacts of experiencing domestic violence
- Apply an evidence-based intervention to address domestic violence
- Provide trauma-informed responses to disclosure of domestic violence
- Identify next steps for continued learning and support

Hopes for today's session

More information

Learn more about doula
care

Ways to connect clients
to doulas

Get information

Understand how doulas
work and their role

Resources for patients

Ways to better support
survivors in clinic who
disclose ipv with FOB

how to integrate doulas
into health systems

Hopes for today's session

Learn more about connecting doulas with the DHS services to patients for those who need it.

Difference between doula and midwife

What are the benefits of Doulas and why they are needed.

Understanding IPV

Physical

Sexual

Emotional

Verbal

Financial

Spiritual

- Violence is not always the priority
- Abuse happens in cycles
- Leaving is not always the best or safest option
- Does not exist in a vacuum
- Rooted in **power and control**
- **A public health issue**

Intimate partner and sexual violence are common

- Between **1 in 2** and **1 in 5** people in the U.S. have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.
- Between **1 in 3** and **1 in 4** people in the U.S. have experienced sexual violence during their lifetime.

Because of intersecting forms of sexism, racism, and other forms of oppression, marginalized and/or historically exploited peoples experience higher rates.

What do you think are the health impacts of experiencing violence? What have you seen among the survivors you serve?

Memory loss

Chronic health issues

Intergenerational
trauma

Increased risk of STIs

Psychosomatic issues

Mental health
challenges

Trauma

Mental health

What do you think are the health impacts of experiencing violence? What have you seen among the survivors you serve?

Anxiety

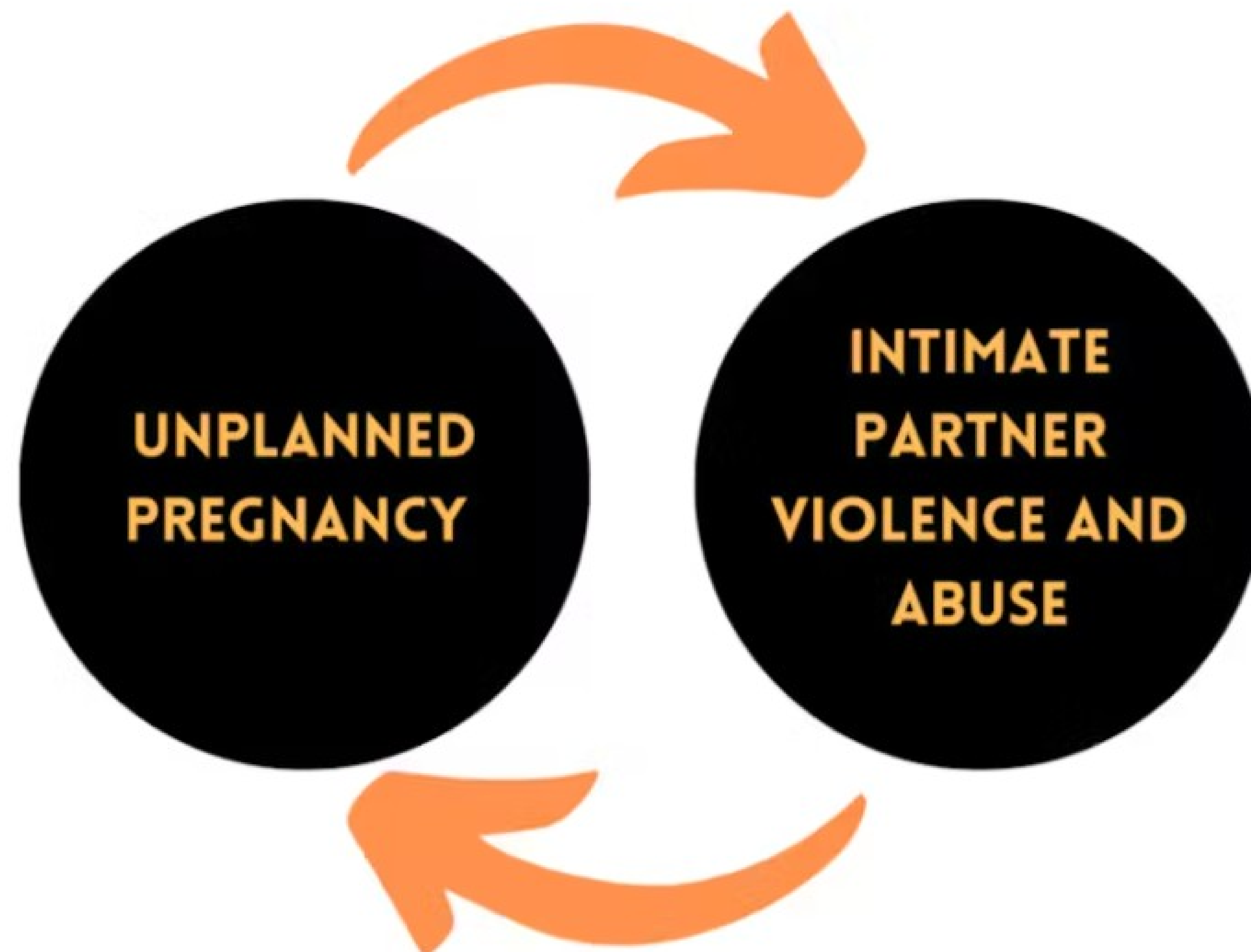
delayed health care

Mental health issues,
body trauma

Health Impacts

- Acute injury
- Asthma
- Chronic pain
- Certain types of cancer
- Cardiovascular issues
- Suicide ideation and action
- Substance use disorder
- Depression and anxiety
- Brain injury

Sexual & Reproductive Health



- Unplanned, mistimed, unintended pregnancy
- Pelvic pain and infections
- Certain types of gynecologic cancers
- STIs and HIV
- Abortion and miscarriage

Impact on perinatal health



- Bleeding
- Miscarriage and stillbirth
- Preterm labor
- Low birth weight
- Lower breastfeeding rates
- Depression and anxiety
- Substance use

Barriers to Care

- Shame, guilt, minimizing
- Person who causes harm
- Insensitive providers
- Systems problems

17%

of abused women reported that a partner prevented them from accessing health care.

This number increases for women who are living with HIV.

Rate your agreement with these statements:

Doulas shouldn't talk to clients about domestic violence- it's a private matter that we can't do anything about

1.4

Doulas should look for domestic violence "red flags"

4.7

Doulas should screen for domestic violence

4.1

Doulas should talk to all clients about relationship safety, and make referrals if someone discloses domestic violence

4.7

Strongly disagree

Strongly agree

CUES: A healing-centered approach for IPV

C: Confidentiality



UE: Universal Education and Empowerment



S: Support

1. Increase the opportunity for safety and privacy
2. Normalize conversations about relationships, stress, anxiety and safety
3. Ensure everyone gets access to support and information
4. Use altruism to increase connection and promote healing
5. Know how to respond when someone discloses

How is CUES different from traditional screening?



- **Disclosure is not the goal!**
- Focus on **prevention** in addition to intervention
- All clients have access to information on support services
- Clients are encouraged to share resources
- Advocates and other community based supports are key members of the team



C: Confidentiality

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

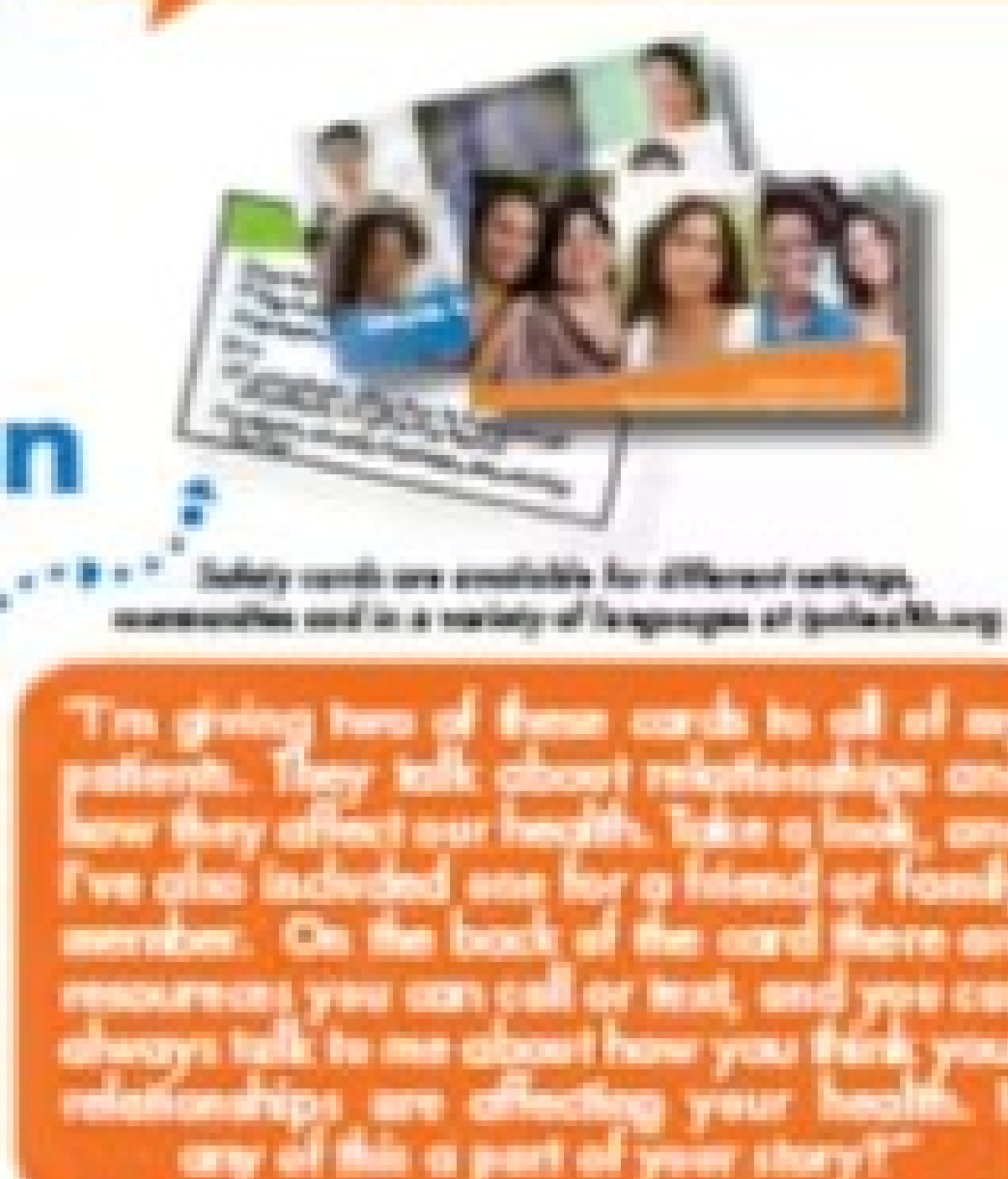
C: Confidentiality

- Know your state's reporting requirements and share any limits of confidentiality with your patients.
- Always see patients alone for part of every visit so that you can bring up relationship violence safely.
- Make sure you have access to professional interpreters and do not rely on family or friends to interpret.

"Before we got 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]."

UE: Universal Education + Empowerment

- Give each patient **two** safety cards 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 safety cards to all patients ensures that everyone gets access to information about relationships, not just those who choose to disclose experiences of violence.



"I'm giving two of these cards to all of my patients. They talk about relationships and how they affect our health. Take a look, and I've also included one for 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.

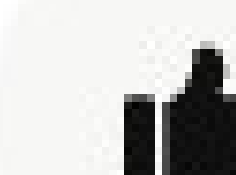
"Thank you for sharing this with me, I'm so sorry this is happening. What you're telling me makes me worried about your safety and health...
A lot of my patients experience things like this. There are resources that can help. [Share name, phone and a little about your local DV program] I would be happy to connect you today if that interests you."

For more information or to order materials contact the National Health Resource Center on Domestic Violence: M-F 9am-5pm PST | 415-678-5500 | TTY: 866-678-8901
health@futureswithoutviolence.org
ipvhealth.org | for community health centers: ipvhealthpartners.org

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- Opportunity to talk privately
- Do not share information unless given permission
- Consider client records/notes
- Mandatory reporting



UE: Universal Education and Empowerment



- Normalize the conversation
- Share 2 copies of a resource
- Make the connection to health
- All clients get information without having to disclose
- Can be integrated with any required screening questions

S: Support

Confidential and free chat, text, call line provides support 24/7:

thehotline.org

text "START" to 88788

800-799-SAFE (7233)

TTY: 800-787-3224



Free, anonymous safety aid: myplanapp.org

Low cost healthcare: bedsider.org



futureswithoutviolence.org

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What to do after a disclosure:

1. Offer **gratitude** for sharing their story
2. Validate their experience, listen without judgement
3. Offer resources and make **warm handoffs**, in ways that are safe, to trusted support services
4. Consider safe ways to follow up
5. Safely document in client record

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).

Supportive and validating responses

Warm handoff to trusted resources

*“Thank you for sharing your story with me. This sounds really difficult. **I am here to support you and your family.** I work closely with a local program that has helped a lot of people in situations like yours. Would you like me to connect you with them? They can talk with you about options and explore what might be the most helpful for you.”*

Anti-Violence Advocacy Organizations

- Crisis intervention
- Safety Planning
- Housing support
- Legal services
- Services for abusive partners

What to Do with a “No” Disclosure:



If clients says things are fine and they do not want info:

- *“I am glad to hear that, if anything should change, I will always have the numbers handy if you know someone who needs them.”* See if they want the information for friends and family.

If clients would like info:

- *“Thanks so much, and if something like this were ever an issue for you, we can help.”*

Safety cards as a tool for connection

“On the back of the card are some phone numbers and websites, in case you ever need information or support.”

National hotlines can provide support 24/7 via phone or online chat:

National Domestic Violence Hotline
1-800-799-7233 | TTY 1-800-787-3224
thehotline.org

National Sexual Assault Hotline
1-800-656-4673 | rainn.org

SAMHSA National Helpline
drug use and mental health support
1-800-662-4357

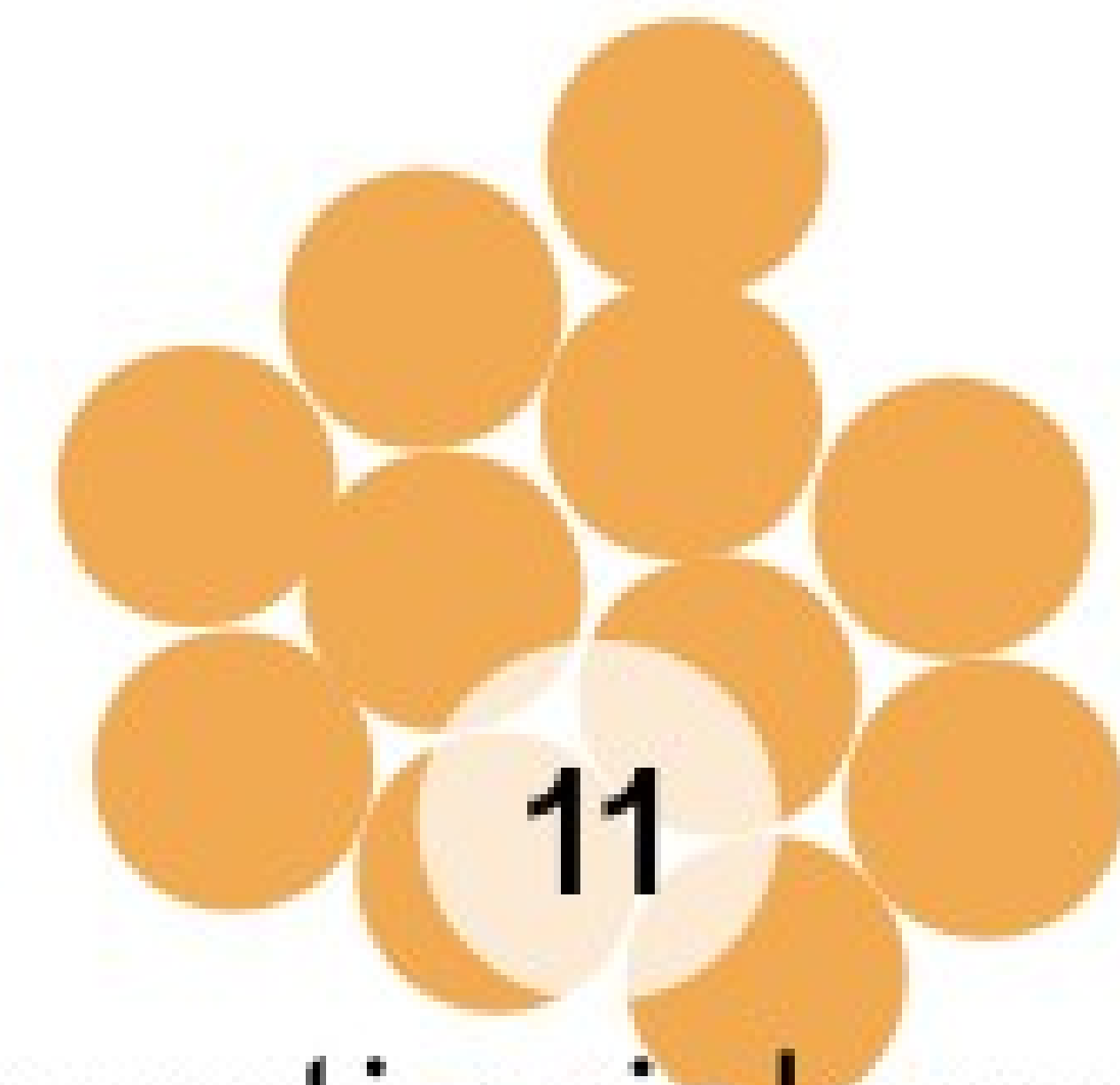
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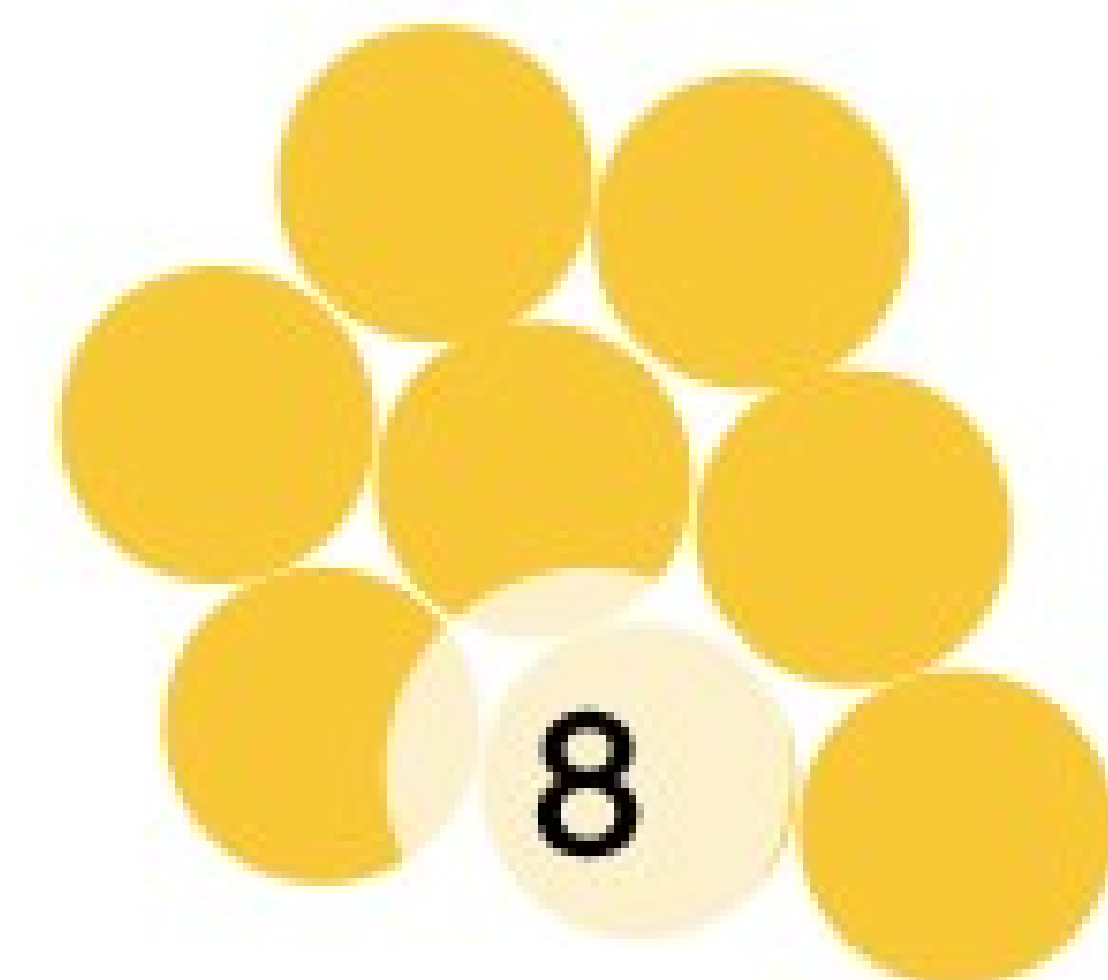
What resources do you know about?



Local domestic violence program



Other local community based organization/
group that supports domestic violence survivors



State domestic violence coalition



National domestic violence hotline

Trauma-informed doula support

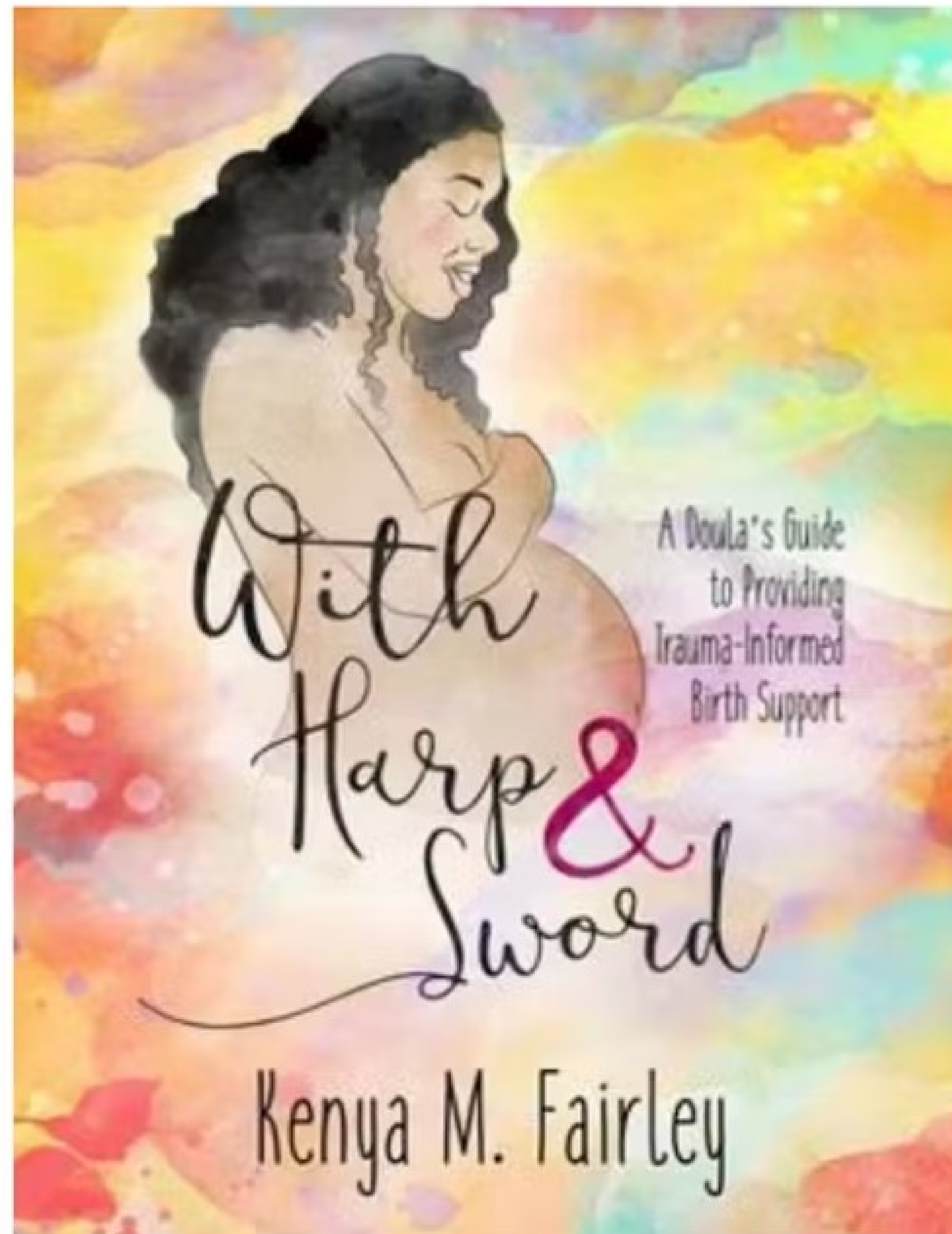
Trauma-Informed Birth Support

Survivor + Doula + Advocate



- We are with people at one of the most vulnerable and overwhelming stages of life
- Childbirth can bring up past experiences of trauma and affect pregnancy, birth and postpartum
- A trauma-informed lens can help reduce the likelihood that your interactions unintentionally cause stress or re-traumatization.

Considerations during labor & delivery



- Birthing person may feel out of control of their body and/or mind
- Intense sensations
- Use of some positions for labor (on back, legs spread wide)
- Use of medical instruments may lead to feelings of being trapped or restrained
- Use of dim lighting or closed door, small spaces (like bathrooms or showers)

If an abusive partner is part of the birth experience

- Most important question: What does the birthing person want?
- Develop a birth & safety plan
- Remember: people who harm their partners can change, parenthood is a powerful motivator
- **A doula can promote an atmosphere that supports change for the family in a respectful, non-judgmental manner**



Partnerships with DV advocates

Partnering with advocates can make your job easier and survivors safer!

- Connect with local DV agencies
- Host cross-trainings with the DV agency to promote shared knowledge
- Develop a survivor referral procedure
- Develop an MOU



Additional resources and strategies



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- Remember: Medi-Cal covers doula services
- LA doula directory
- Full spectrum doula services
- DV advocates trained as doulas

Universal Education Tool: Safety Cards

- Developed with survivors, health providers, and advocates
- Safety cards for LGBTQ communities, parents, youth, and in other multiple languages
- Has national DV hotline and chat on the back of the safety card
- Order for free at **store.futureswithoutviolence.org**



NATIONAL
**HEALTH
RESOURCE
CENTER**
ON DOMESTIC
VIOLENCE

Other resources

- National Domestic Violence Hotline: (800) 799-SAFE <https://www.thehotline.org/>
- Ujima, The National Resource Center of Violence Against Women in the Black Community: <https://ujimacommunity.org/>
- National Resource Center on Domestic Violence online library: <https://vawnet.org/> search “doula”
- Article: “Evidence and guidelines for trauma-informed doula care” by Elizabeth Mosley & Rhonda Lanning

Which steps are you ready to take?



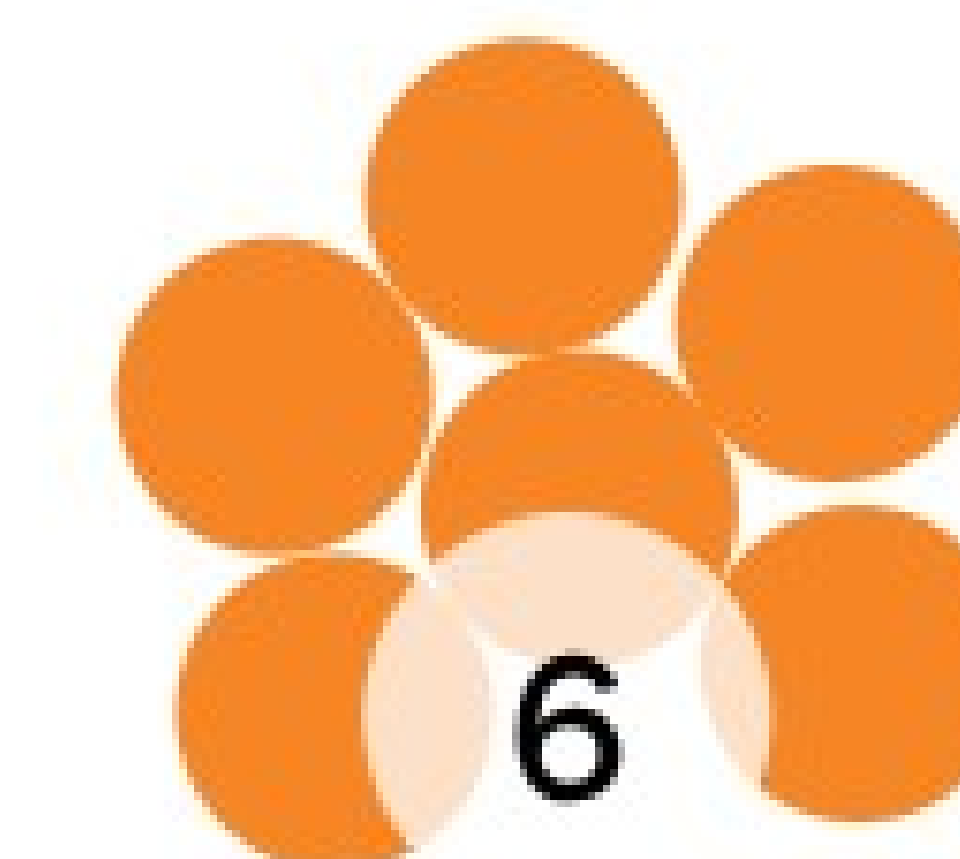
Practice CUES intervention



Review resources

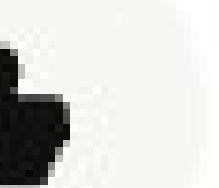


Identify local partners



Consider supports for yourself

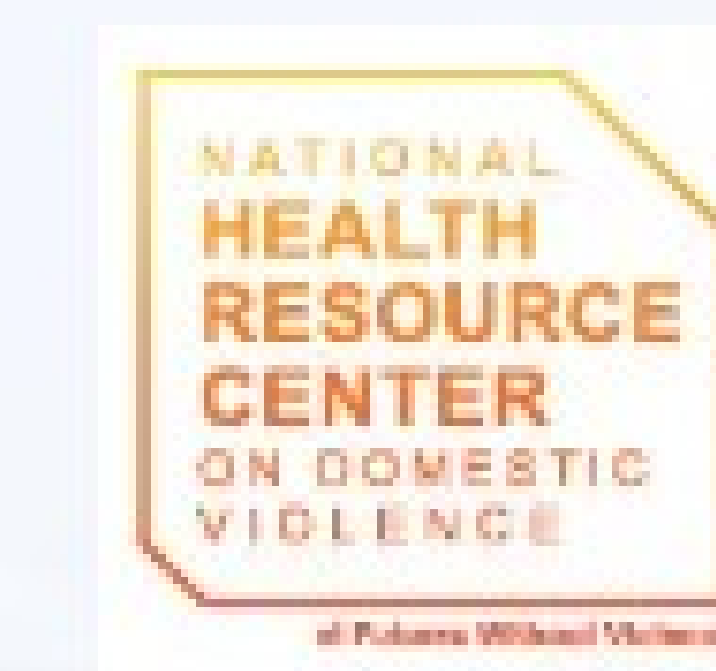
Other questions, comments or concerns





Futures Without Violence

Conference on Health



Join us at the 10th Futures Without Violence
Conference on Health

September 9 - September 11, 2025

Hilton Union Square, San Francisco

WHO SHOULD SUBMIT AND ATTEND? Healthcare workers, domestic and sexual violence advocates, survivors, policymakers, researchers, public health practitioners, behavioral health providers, students, healthcare administrators, and YOU!

CALL FOR ABSTRACTS
OPENS OCTOBER, 2024

ABSTRACT DEADLINE
JANUARY 13TH, 2025

REGISTRATION OPENS
FEBRUARY, 2025

futureshealthconference.org
conference@futureswithoutviolence.org



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For additional resources visit IPVHealth.org

