NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE

Survivor Centered Support: Addressing and responding to intimate partner violence

NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE

FUTURES WITHOUT VIOLENCE®

Futures Without Violence is a health and social justice nonprofit with a mission to heal those among us who are traumatized by violence today – and to create healthy families and communities free of violence tomorrow.

Home to the National Health Resource Center on Domestic Violence.

Agenda

- Welcome + introductions, grounding
- Our work starts with us – taking care of ourselves
- Understanding IPV (dynamics + health impacts)
- CUES: An evidence-based approach to address IPV
- Lunch
- Trauma-informed response to disclosures
- Navigating common challenges with CUES
- Supporting sustainable implementation of CUES
- Wrap up

Learning Objectives

1. Understand dynamics and health impacts of intimate partner violence (IPV).
2. Provide universal education to all clients using the CUES framework.
3. Improve trauma-informed coordinated response to IPV.
4. Identify at least 2 strategies for implementing a trauma-informed practice and workflow for addressing and responding to IPV.

Group Agreements

- We respect everyone's story, perspectives and experience
- What's shared here stays here, what's learned here leaves here
- We take space, we make space
- We invite creativity and ideas
- We take care of ourselves

Grounding: Let’s take a mindful moment

Pair Share

What does your work mean to you?

What core values do you bring to your work when supporting clients and their families?

Our intentions

What do you hope to learn?

What is something you want to leave with to help you do your job better?

Rate your confidence level

Add mentimeter:

- What’s your confidence level right now talking about healthy relationships and IPV with clients?
- What’s your confidence level right now responding to IPV?
- What’s your confidence level right now navigating referrals to supports?

Our work starts with us

Your role is important

Let’s be intentional

You may be:

- The first (or only) source of trust and support for someone
- The first responder for a survivor or family experiencing IPV
- The only access to information and resources

Caring for others starts with us

- There are survivors among us
- Self-care is important
- Care for each other
- Lean on supports

“If we are to do our work with suffering people and environments in a sustainable way, we must understand how our work affects us.”

Laura Van Dernoot Lipsky

Trauma

- An experience overwhelming for a person
- Looks different for each person
- Has no boundaries
- Widespread and collective
- People can heal

Vicarious Trauma

Vicarious trauma is a change in one's thinking [world view] due to exposure to other people's traumatic stories.

- Not a sign of weakness
- Not a reflection of a client and their behaviors

- Can be cumulative–over time and across families
- Can be addressed and transformed

(David Berceli, 2007)

Rest is Resistance with Tricia Hersey

Pair Share:
What is one thing you can start doing today to take better care of yourself?

A Ripple Effect:

Caring for ourselves, so we can care for our clients and families

Strategies

- Meaningful self-care practices
- Connecting to community
- Healthy boundaries
- Peer support and mentorship
- Weekly reflective supervision
- Leaning on same supports offered
- Overall workplace support (i.e. benefits, wages, time-off, etc.)

IPV:
Dynamics, prevalence and health impacts

Terminology – Addressing Trauma

- Intimate partner violence (IPV)
- Domestic and sexual violence (DV/SV)
- Sexual assault (SA)
- Adolescent relationship abuse (ARA)
- Human trafficking (sex and labor) (HT)
- Adverse childhood experiences (ACES)

IPV is rooted in POWER and CONTROL

theduluthmodel.org

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**

Why is it important for you to know about IPV?

Intimate partner and sexual violence are common

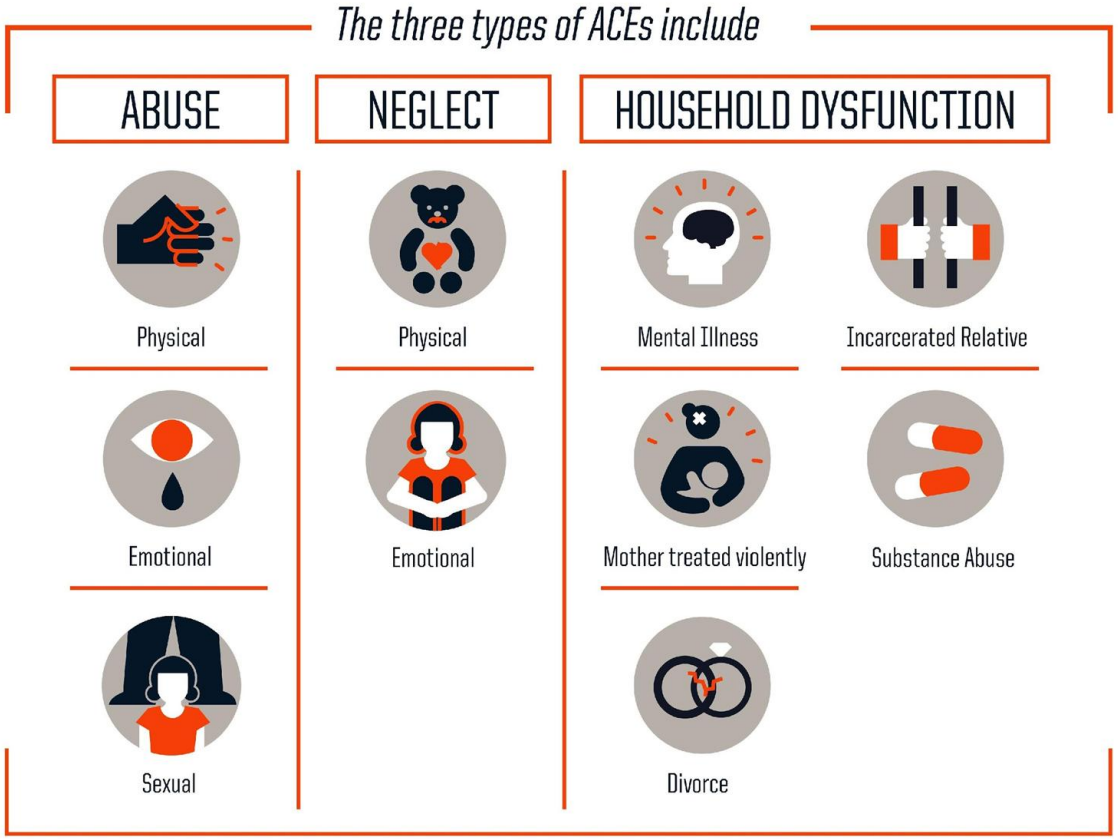
- Between **1 in 2** and **1 in 5** people in the U.S. have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.
- Between **1 in 3** and **1 in 4** people in the U.S. have experienced sexual violence during their lifetime.
- **People from underserved communities experience higher rates, due to lack of resources and supports**

CDC The National Intimate Partner and Sexual Violence Survey: 2017

IPV impacts the entire family

- 40-60% of IPV cases also involve child abuse and child sexual abuse

Adverse Childhood Experiences (ACEs)



WHAT IMPACT DO ACEs HAVE?

Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation

People can heal

Social, cultural and spiritual connections	Safer and more stable living conditions
Nurturing parent-child relationships	Perspective and growth mindset
Social and emotional ability	Agency

- Resilience is universal and can grow
- Healing happens in safe relationships
- Strongest predictor of healing and resilience in children: having caring and consistent adults in their lives
- Focus on strengths and positive experiences

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.

How IPV might show up in member visits?

- Member being hurt or controlled by partner
- Injuries
- Health impacts
- Member not being able to make their own decisions
- Health conditions harder to manage
- Missed appointments for themselves and children
- Member not able to adhere to care plan
- Disconnection/disassociation
- Impact on children
- Disclosures of abuse
- Member changing their story during visit
- Impact on housing + economic security and other social needs

What are Social Determinants of Health?

- **Social environment contributes to or detracts from the health** of individuals and communities
- A safe environment, adequate income, meaningful roles in societies, secure housing, a higher level of education and social support is associated with better health and well being
- **People are healthier when they feel safe**, supported by and connected to others

IPV is a social determinant of health

- IPV is key social determinant of health
- USPSTF recommendation to respond
- IPV is interconnected with other social determinants
  - Exacerbates and contributes to homelessness, job/economic and food insecurity, barriers accessing health care (including mental/behavioral health), social connectedness, and others
  - Addressing these **can prevent** more IPV

Health impacts of IPV

Experiencing IPV is linked to profound, long-term negative effects on a survivor's health

More than 1 in 4 female IPV survivors require medical care for injuries

Health impacts are separate from injuries

Health impacts can be acute or chronic

Relationships can affect health

Health impacts	Brain injury	Mental health
Substance use and prenatal exposure to substances	Higher risk for unplanned pregnancy	Sexual and reproductive health
Perinatal health and outcomes	Maternal mortality	Early childhood exposure to IPV
ACES	Wellbeing	Life expectancy

Health Impacts

Asthma
Chronic pain
Headache and migraines
GI problems
Cardiovascular issues
Central nervous system disorders
Disordered eating
Sleep problems
Sexual Dysfunction
Brain injury

Traumatic Brain Injury (TBI)

- More than 2/3 of victims are strangled at least once
- On average, strangulation happens over 5x per victim
- 40-91% of women experiencing IPV have a TBI due to a physical assault (Campbell, 2018)

Impacts: Behavioral Health

Anxiety	Depression	Panic attacks
Memory loss	Post-traumatic stress disorder (PTSD)	Poor self-esteem and self-image
Suicide ideation and actions	Substance use disorder	Distorted body image

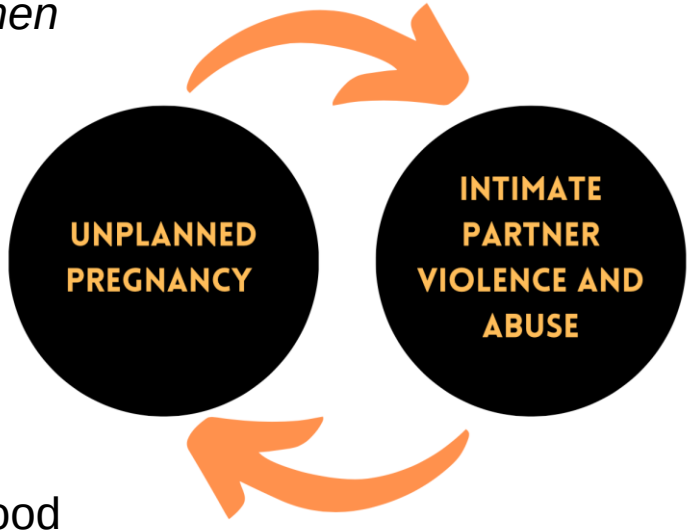
Impacts: Substance Use

“FOR MANY SURVIVORS WHO USE SUBSTANCES, IT IS A WAY TO COPE WITH THE TRAUMATIC EFFECTS OF ABUSE. OTHERS ARE COERCED INTO USING BY AN ABUSIVE PARTNER.” NCDVTMH (2015)

- Higher chance of transitioning from substance use/misuse to substance use disorder (SUD)
- Strong correlations between brain injury and SUD
- Of those in SUD treatment, almost half have experienced some form of IPV
- High links between IPV and opioid use disorders
  - Higher susceptibility to IPV when using opioids
- **Strong links between IPV and substance use coercion**

Impacts on Sexual, Reproductive, Perinatal Health

- Unplanned / unintended pregnancy: ***1 in 4*** *women report their partner was* ***trying to get them pregnant when they don't want to be****
- Abnormal Paps, pelvic pain, infections
- STIs and HIV
- Preterm birth and low birth weight
- Pregnancy loss
- Perinatal mood and anxiety disorders
- Childhood exposure to IPV and adverse childhood experiences



*Miller et al, 2007

Break

CUES; An evidence-based approach for addressing IPV

Shifting away from screening

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

- Partner seated next to client as this is asked – consider how that feels to the client

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

- Provider 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 is staff communicating to the client?

Making the shift

Traditional Assessment	Universal Education
Focuses on disclosure	Focuses on trust and relationships
Only reaches survivors who disclose	**Reaches everyone, including survivors who don't or won't disclose**
Only offers resources with disclosure	Connects everyone to resources
Not typically survivor-centered	Centers lived experiences
Power differential between healthcare staff and patient	Shares power between provider and patient
No focus on prevention	Promotes prevention
Limited in the experiences captured	Open and safe to talk with all patients about their relationships and experiences
	Promotes altruism
	Strengths-based

Universal Education

Meets people where they're at

Strengths-based

Empowers through altruism

Supports survivor autonomy

Easily integrates into what you're already doing

Creates safe spaces

PLANTS SEEDS

CUES plants seeds,
But you may not be the one to see them grow.

IS YOUR RELATIONSHIP AFFECTING YOUR HEALTH?

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

What folks say about CUES

- Increases trust and good rapport
- Provides information for everyone
- Helps families engage
- Very well accepted

Client Feedback

"I wish someone had given this to me 10 years ago."

"I experienced this in a past relationship."

"I know somebody who can use this card."

C: Confidentiality

- Understand your reporting requirements
- Discuss confidentiality before talking about relationships
    - Explain your limits of confidentiality in ways they can understand
- **Talk to clients alone**
- Never use a child, family member or friend as an interpreter

Confidentiality

“Before we get started, I want to let you know that everything we talk about is confidential, which means it’s private. I won’t share anything we talk about today outside of the care team unless you tell me someone is hurting you physically or sexually or you are thinking about hurting yourself or others, then I will need to share with others it in order to keep you safe and get you help.”

What survivors say about the limits to confidentiality

6 in 10 (60%) participants said that the fear of reporting changed what they decided to share.

- *“I stopped going to my doctor’s office.”*
- *“I talk to no one, there's no one I can trust, no one I can turn to and nowhere I can go.”*
- *“I now just keep everything to myself.”*
- *“The formal report was made without my being on board. I felt helpless, and as though my situation had been labeled FOR me before I could come to any conclusion myself.”*
- *“Police and CPS did nothing and abuser went on a rampage against us.”*

National Hotline Focus Survey

Centering Survivors

- “If mandatory reporting was not an issue, she would tell the nurse everything about the abuse…”
- “I say no [when I’m asked about abuse] because that’s how you play the game... People are afraid of social services. That’s my biggest fear...”
- “Like I was saying about my friend, the reason she don’t [disclose] is because she thinks the nurse is going to call children’s services…she avoids the nurse a lot.”

Tips for using CUES

Child(ren) at the visit

- **It's ok to not have the conversation**
- **Never discuss IPV in front of a verbal child**
- Ensure client is comfortable and can be present
- Be mindful of language used
- Monitor depth of the conversation
- Consider ways to create a private moment with client
- Invite a follow up conversation when client can be alone

- **It's ok to not have the conversation**
- Trust your professional judgement
- Provide universal education for both
- Consider creative ways to create a private moment with client (at that time or a later time)

Partner at the visit

UE: Universal Education and Empowerment

- Normalize the conversation
- Introduce 2 copies of the safety card
- Provide universal education
  - Connect to reason for visit or symptoms, when applicable
  - Relationships can affect health
  - Support risk reduction
- Share resources

Universal Education and Empowerment

“Because this is so common, I started giving 2 of these cards to all my patients, in case you are ever struggling in your relationship(s) or if you know someone who is struggling. It talks about relationships and how they can affect our health.

On the back of the card, there are resources you can call or text anonymously—stuff you can share with friends and family too. You can always talk to me as well.”

Using the resources

- Free, anonymous helplines (call or text)
- Advocate in over 200 languages
- Try the resources on for yourself
    - Call yourself to understand what support could look like

Using CUES

Disclosure is not the goal
but *disclosure may happen*

Role play

“Before we get started, I want to let you know that everything we talk about is confidential, which means it’s private. I won’t share anything we talk about today outside of the care team unless you tell me someone is hurting you physically or sexually or you are thinking about hurting yourself or others, then I will need to share with others it in order to keep you safe and get you help.

Because this is so common, I started giving 2 of these cards to all my patients, in case you are ever struggling in your relationship(s) or if you know someone who is struggling. It talks about what’s healthy in relationships and what’s now, and how they can affect your health.

On the back of the card, there are resources you can call or text anonymously—you can share this with friends and family too.”

Practicing CUES

- Pair up
- Use the scripts provided to walk through a guided role play – simply read the script
- 4 min. then switch

Practice – Report Back

- How did it go?
- How did it feel?
- What did you notice?

Making CUES your own

- Reflect on the previous practice exercise - How would you adapt the scripts to make them your own?
- Write your own scripts using your words
- Return with your partner to practice your own scripts

Practice – Report Back

- How did it go?
- How did it feel?
- What did you notice as you used your own language?

Improving trauma-informed response to disclosures

Disclosure is not the goal
but *disclosure may happen*

Redefining Safety

Move away from asking: “Why hasn’t the survivor left?” to asking: “How can I support this person so that they can make their own decisions?”

- Leaving or ending an abusive relationship comes with the highest likelihood of danger and retaliation (homicide, acute victimization)
- Staying might be the safest choice
- DV advocates are the experts in short and long-term safety and can handle this for you

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

S: Support

Connect everyone to support:

FUTURES WITHOUT VIOLENCE
FuturesWithoutViolence.org

Funded in part by the U.S. Department of Health and Human Services and Administration on Children, Youth and Families (Grant #90EV0414).

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

Text trained counselors about anything that's on your mind:
Crisis Text Line www.crisistextline.org
Text "START" to 741741

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

What to do after a disclosure:

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

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****. We 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.”*

Community Partnerships

- **Everyone has a unique and important role** in supporting survivors and their families
- You don’t need to be an IPV expert
- Build partnerships with IPV support services and community-based organizations you know and trust
- IPV support services and family serving organizations provide critical services

Bi-directional partnerships are key!

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

DV Advocacy Partner

Supports survivor safety, self-determination, and connection

Community Health Center Partner

Supports survivor health and well-being

DV advocacy + support services

- 24/7 **Crisis hotlines**
- **Housing**: emergency shelter, transitional housing, homelessness prevention, landlord advocacy
- **Legal assistance**: restraining orders, custody, divorce, support through the criminal process, immigration, debt relief
- **Counseling**: individual, group, peer counseling
- **Language access** & **culturally-specific** services
- **System navigation**: supporting survivors through employment services, nutrition support, child welfare, and other systems to navigate

When asked about taking care of their health needs:

“It would be **so helpful to have an advocate or partnerships in the clinic**... You don't have extra energy, so just **to have someone guide you through that process would be huge and super helpful.**”

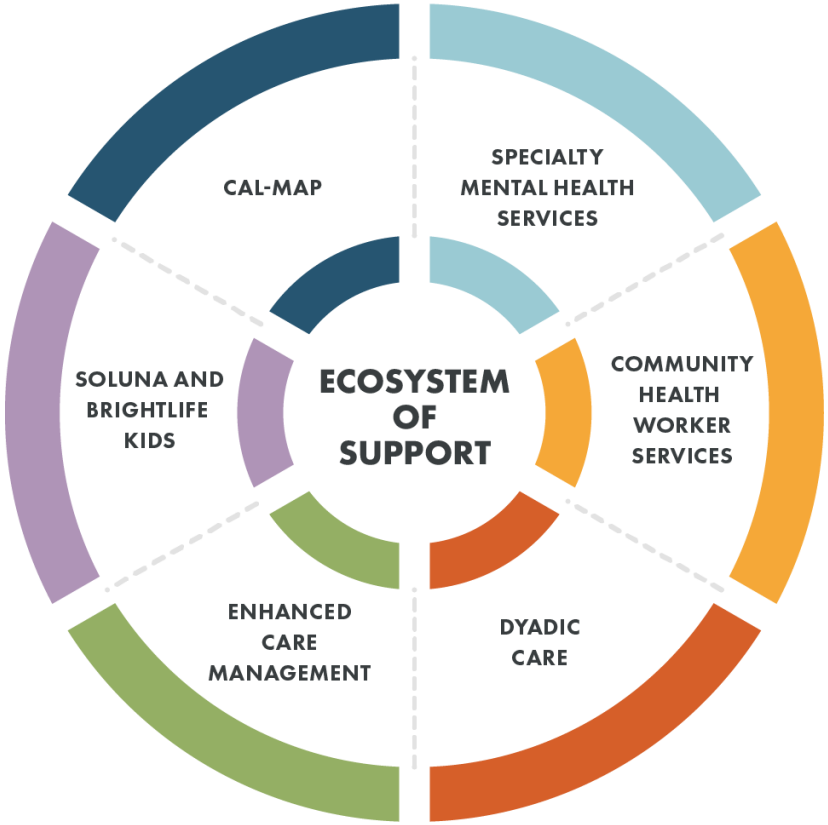
- HRC needs assessment listening session participant

Strategies for Building Partnerships

- Learn about your local resources
- Identify champions
- Set clear goals for collaboration
- Establish an MOU
- Meet and talk regularly
- Build a system for warm handoffs
- Engage in cross training
- Use a “back door” number for immediate advocate support
- Consider co-locating an advocate

Building DV and Health Care Partnerships

Leverage CalAIM and other services



LA County Resources

LA County Domestic Violence Hotline (24/7 Confidential): (800) 978-3600

LA County Child Abuse Hotline:
(800) 540-4000 • (800) 272-6699 (TTY)

Parent Hopeline:
323-790-LADL (5235)

LGBTQ-specific legal services to victims of crime - Los Angeles LGBT Center:
323-993-7649 | legalservices@lalgbtcenter.org

Domestic Violence Shelter Hotlines

AGENCY	24 HOUR HOTLINE
1736 Family Crisis Center	(213) 745-6434
Antelope Valley DV Council (Valley Oasis)	(661) 945-6736
Center For The Pacific Asian Family, Inc. (CPAF)	(800) 339-3940
Child & Family Center	(661) 259-HELP (4357)
East LA Women's Center (ELAWC)	(800) 585-6231
Haven Hills, Inc.	(818) 887-6589
House of Ruth, Inc.	(877) 988-5559
Interval House	(562) 594-4555 (714) 891-8121
Jenesse Center, Inc.	(800) 479-7328
Jewish Family Service of Los Angeles	English and Spanish (818) 505-0900 • (323) 681-2626
The People Concern (Sojourn)	(310) 264-6644
Rainbow Services, Ltd.	(310) 547-9343
South Asian Helpline & Referral Agency (SAHARA)	(888) 724-2722
Angel Step Inn	(323) 780-4357
Su Casa Ending Domestic Violence	(562) 402-4888
Women's and Children's Crisis Shelter	(562) 945-3939
WomenShelter of Long Beach	(562) 437-4663
YWCA of Glendale	(888) 999-7511
YWCA of San Gabriel Valley	(626) 967-0658

Case Scenarios

Case 1

- **How might you respond?**
- **What panel of the card might you highlight?**
- **What resources might you share?**

You are seeing a new client. So far, nothing has been shared with you, and you haven't observed anything that is making you suspect there may be something going on.

You are feeling excited after attending a CUES training to provide universal education with all clients.

Case 2

- **How might you ask Jessie to leave the room?**
- **How would you ask Debra about this interaction and offer support?**
- **How would you establish a trusting relationship with Debra?**

Debra is a client, who you have worked with before. In a previous visit with her, you did CUES with her and shared the safety card. She is back today to needing to address some new issues around her health care needs.

Debra's partner Jessie, who is always with her, insists on coming into the meeting, as usual.

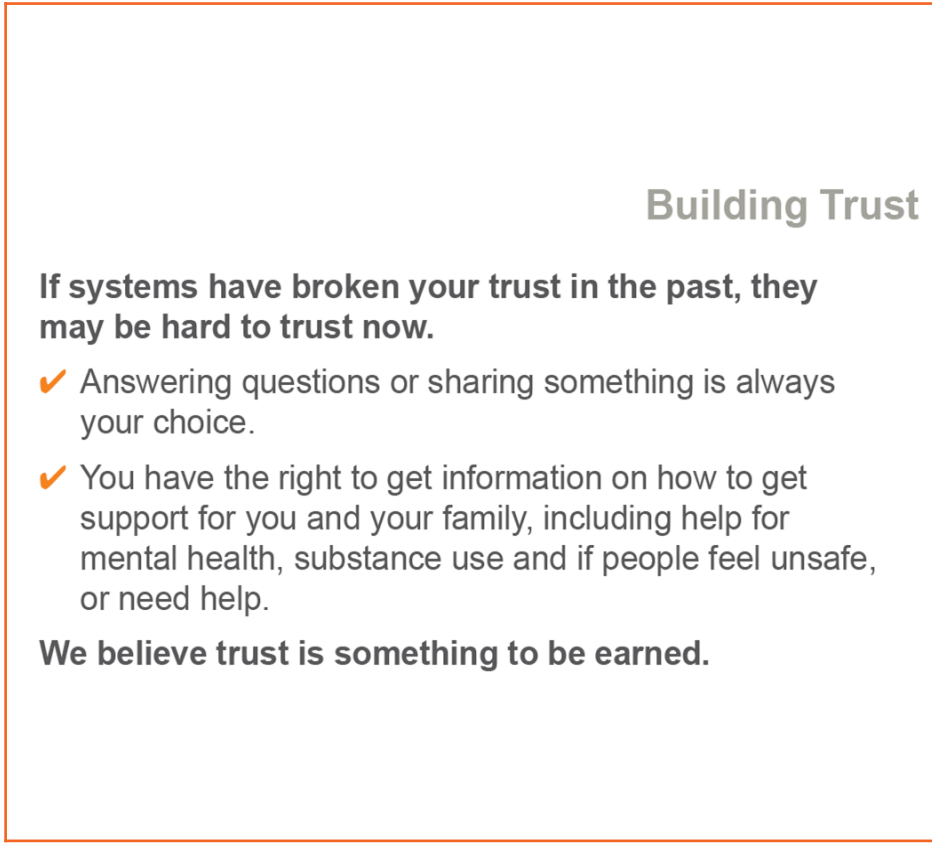
You communicate that it is program policy to see clients alone for the first part of the visit, and Jessie waits in the waiting room but is not happy about it.

Case 3

- **How might you open up a conversation providing universal education?**
- **What resources might you share?**
- **How else might you extend support to Jamie?**

You're meeting with a new client today, Jamie. Jamie seems off, like she is having a lot of trouble concentrating on what you're asking sharing. She is in need of several different resources, including legal advocacy, housing support and WIC. She's also asking a lot of questions about privacy under Medi-Cal. When you start asking her questions, she seems to hesitate and doesn't offer much.

Panels + Scripts: Building Trust



"I'm not sure we say this enough, but what you share with me (even how you respond on forms) is completely up to you. It's your choice if you want to share something or if you don't want to say anything at all.

Trusting takes time. That's why I'm giving you this card, because you don't need to share anything with me if you don't want to or don't feel ready to. Either way, I will still share with you how to get support for you or someone you know if you ever need it. And I am always here to listen and support however I can."

Panels + Scripts: Support for ourselves and others

"On the back of the card are free, anonymous helplines—you can share these with friends and family too.

They have trained advocates who are really compassionate, not judgmental and give support for complicated relationships both for people who are being hurt and those who are causing the harm. Also, there is also a supportive parenting helpline for times when you are feeling overwhelmed or frustrated with your child. And we all feel like that at times."

Navigating Common Challenges with CUES

Navigating Challenges Activity

- Different challenges will be on the screen and read aloud, consider how you would respond or overcome this challenge
- Whoever has the ball shares how they would respond
- Lean on your peers for support or ideas
- Throw the ball to someone else for the next scenario

I don’t have enough time to do CUES on top of everything else I have to do in the visit.

We don't have a policy to room clients alone.

I don't know where to send people for support.

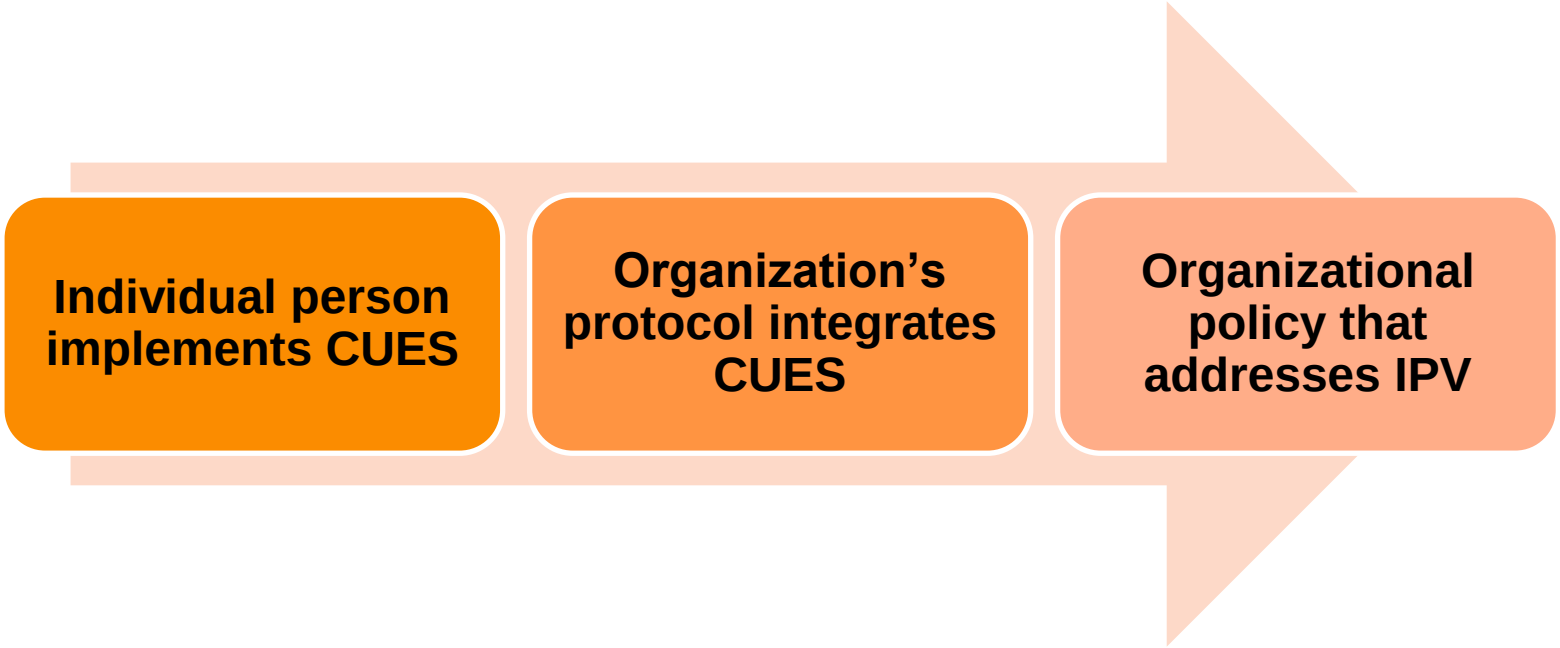
I have my own experiences of IPV, so this is really difficult for me.

I want to see the client alone, but what if they have their child(ren) with them?

We don't have the safety cards.

Sustaining the change in policy and practice

Linking clinical practice to policy



What stands in the way of PRACTICE change

- “Not a health issue” (seldomly)
- Lack of training, worry about “saying the wrong thing”
- Time, clinic flow
- Lack of community partners - “I can’t do this alone.”, “I don’t know where to send people.”
- Others?

How can these barriers be decreased or eliminated?

What stands in the way of PROTOCOL change

- Buy in/champions
- Internal processes for developing protocols
- Not sure what a protocol would consist of
- No process for Continuous Quality Improvement (CQI) efforts
- Others?

How can these barriers be decreased or eliminated?

What stands in the way of POLICY change

- Leadership support
- Resources needed (training, partnerships, etc.)
- Seen as not connected to organizational priorities
- Others?

How can these barriers be decreased or eliminated?

Organizational practice and policy change

Interrogate institutional policies and practices to ensure they are strength-based, healing-centered, and rooted in principles of transformational change

- **Center lived experience to inform services**
- Develop/improve **written policies and protocols**
- Implement **universal education**
- Prioritize bi-directional **training**
- Develop **partnerships** (and innovative models for collaboration)
- Support staff safety, wellness and resilience
- **Embed integrated services** – seek/leverage sustainable funding
- Integrate **quality assurance and improvement** measures to evaluate success

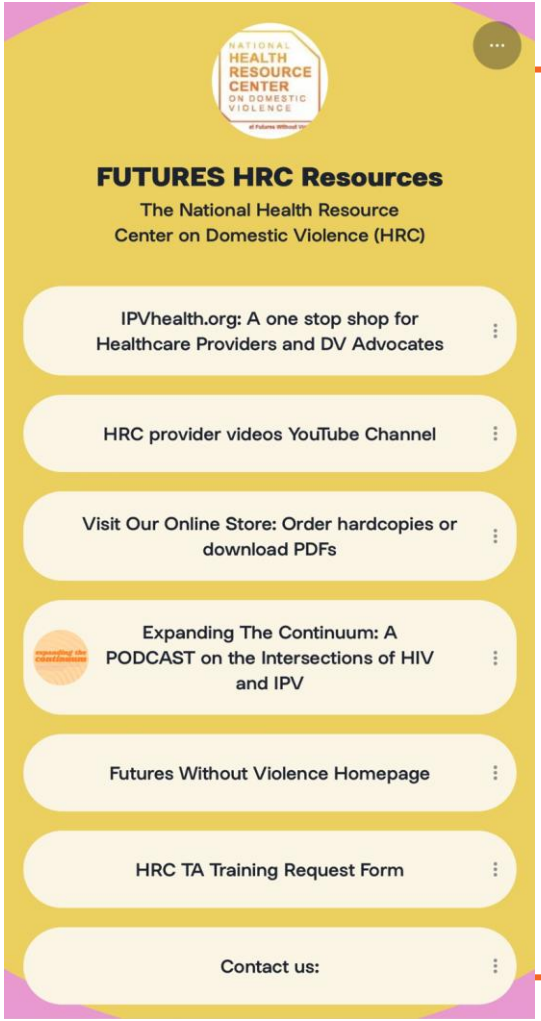
How do we create safe healing-centered spaces?

Creating a safe space

- Provide trauma-informed, healing-centered care
- Implement universal education
- Use inclusive language
- Display culturally responsive education and resources
    - Restrooms, meeting areas, community board in office, on consent/info forms, online platforms
- Promote self-advocacy
- Develop partnerships with health care clinics and culturally-specific CBOs to extend trusted support to survivors
- Provide group education

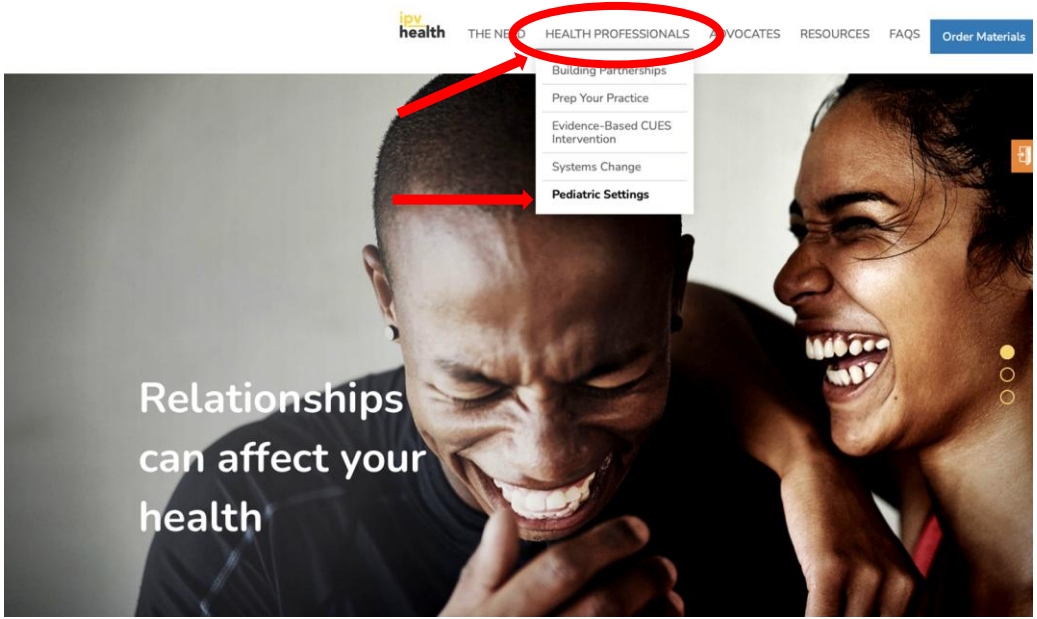
Developing + updating your workflow

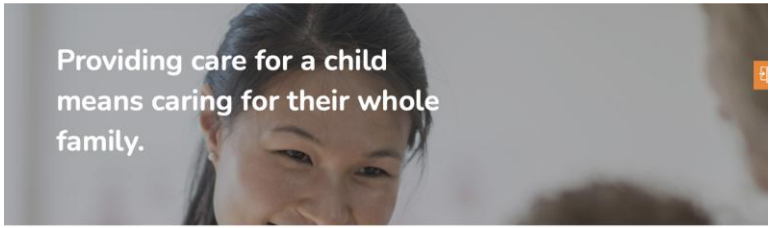
Resources and the National Health Resource Center on Domestic Violence (HRC)

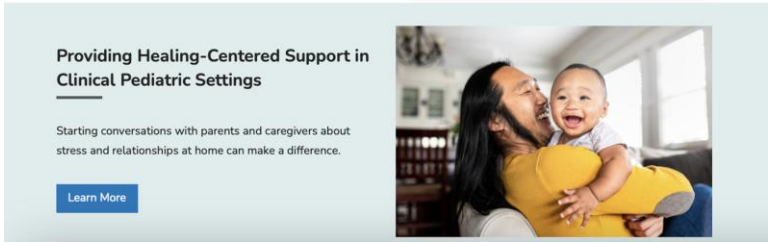


https://linktr.ee/futureshealth

IPVHealth.org







Online toolkit for:

- Implementing CUES
- Developing partnerships
- Changing practice
- **NEW! Addressing caregiver IPV in pediatric settings**
  (could be helpful for HVs and family support)

For additional resources visit IPVHealth.org