Workshop Agreements

Because domestic and sexual violence, and human trafficking are so prevalent, assume that there are survivors among us.

- Be aware of your reactions and take care of yourself first.
- Respect confidentiality.
- Please turn off your phones, laptops, etc.
- Audience additions?
National Initiative: Project Catalyst

Project Catalyst: Statewide Transformation on Health and Intimate Partner Violence

5 State Leadership Teams include partners from each state’s:
- Primary Care Association
- Department of Health
- Domestic Violence Coalition

Project Catalyst States: AR, CT, IA, ID, MN

Training and TA: FUTURES
Evaluation: University of Pittsburgh

Project Catalyst Partnership Goals

- Warm referral from DV agency to health center
- Warm referral from health center to DV agency
- Community Health Center Partner
- Improve health and safety through COES

Intimate Partner Violence and Human Trafficking Definitions and Dynamics
What is Intimate Partner Violence?

One person in a relationship is using a pattern of methods and tactics to gain and maintain power and control over the other person.

- It is often a cycle that gets worse over time – not a one-time 'incident'.
- Abusers use jealousy, social status, 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.

Definitions of Domestic Violence

- 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 of Intimate Partner Violence

1 in 4 (25%) U.S. women report ever experiencing IPV.

[2010 CDC National Intimate Partner and Sexual Violence Survey]
Intimate Partner Sexual Assault

1 in 5 women in the U.S. has been raped at some time in her life and half of those women reported being raped by an intimate partner. (2010 CDC National Intimate Partner and Sexual Violence Survey)

Male Victims of IPV

• 1 in 59 men has been raped in their lifetime.
• 1 in 7 men has been the victim of severe physical violence by an intimate partner
• 1 in 19 men has been stalked during their lifetime

The majority of perpetrators against both men and women are other men. (2010 CDC National Intimate Partner and Sexual Violence Survey)

LGBTQ Communities

61% of bisexual women and 37% of bisexual men experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime. (Breiding, 2011)

44% of lesbian women and 26% of gay men experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime. (Breiding, 2011)

61% of transgender individuals, 33.6% reported lifetime physical abuse by a partner and 44% reported experiencing sexual assault. (Breiding, 2011; Landers, 2009)
Considerations for Immigrant Survivors of IPV/HT

Unique controlling behaviors:
- Threats of deportation
- Taking kids outside the U.S.
- Lying about immigration status
- Forbidding English classes
- Using language privilege
- Holding on to important documents

Elders and IPV

For many middle-aged and older women, leaving may not be an option.
- Studies have revealed that support must be within the context of their marriages to be viable.
  - Older victims often experience shame, pain, economic loss, spiritual and physical anguish, institutionalization, and poor quality of life.

Group Discussion: Free Share

Why might a person stay in a relationship when IPV has occurred?
Why do people stay in abusive relationships?

- Violence happens in a cycle
- Risk of leaving v. risk of staying
- Violence is not always peoples' priority
- Shared children/parenting

We need to move away from asking:
“Why hasn’t the survivor left?”
to asking:
“What can I do to support this person so that they can make their own decisions?”

Human Trafficking Definitions and Prevalence

Definition of Human Trafficking

Human trafficking is a form of modern-day slavery in which traffickers use force, fraud, or coercion to control victims for the purpose of engaging in commercial sex acts or labor services against their will.

- **Force**
- **Fraud**
- **Coercion**

Sex trafficking has been found in a wide variety of venues within the sex industry, including residential brothels, escort services, fake massage businesses, strip clubs, and street prostitution.

Labor trafficking has been found in diverse labor settings including, domestic work, small businesses, large farms, and factories. (National Human Trafficking Hotline)
Possible Similarities Between IPV and HT Survivors

- Physical and sexual violence
- Restrictions on freedom of movement, control
- Isolation
- Financial control
- Intimidation, fear
- Fostering of drug and alcohol dependencies due to their situations

It is not uncommon in federal trafficking prosecutions for the trafficker to be the husband, boyfriend, or romantic partner of the victim. (Human Trafficking Legal Center, 2018)

Health Impact of IPV and Human Trafficking

Small Group Exercise: (5 Minutes)

Please be prepared to report back

- Break into 4 Groups and come up with lists of how IPV impacts health in your group. Think broadly: chronic health, reoccurring issues, medication adherence, etc.

Group 1. Primary Care (please do not focus on any of the other areas covered in this list)
Group 2. Behavioral Health (including mental health and substance abuse)
Group 3. Adolescent Health
Group 4. Perinatal, Reproductive and Sexual Health
More Than Broken Bones and Black Eyes

**Examples of health conditions associated with IPV include:**
- Asthma
- Bladder and kidney infections
- Circulatory conditions
- Cardiovascular disease
- Fibromyalgia
- IBS
- Chronic pain syndromes
- Central nervous system disorders
- Gastrointestinal disorders
- Joint disease
- Migraines and headaches

(Chronic for Disease Control and Prevention, 2003)

Traumatic Brain Injury and Strangulation

Studies show a range of 40%-91% of women experiencing IPV have incurred a traumatic brain injury (TBI) due to a physical assault (Campbell, 2018).

More than **two-thirds** of IPV victims are **strangled** at least once

(Chrisler & Ferguson, 2002; Abbott, 1995; Coker, 2002; Frye, 2001; Goldberg, 1984; Golding, 1999; McLeer, 1989; Stark, 1979; Stark, 1995)
The following FUTURES video highlights the importance of including IPV as part of differential diagnosis.

This video is available online: https://bit.ly/2jdKqAL

Group Debrief

Group 2. Behavioral Health

(Including mental health and substance abuse)

IPV and Behavioral Health Co-Morbidities

- Anxiety and/or depression
- Post-traumatic stress disorder (PTSD)
- Antisocial behavior
- Suicidal behavior
- Low self-esteem
- Emotional detachment
- Sleep disturbances
- Substance dependency

(Tjaden P, 2000; Coker AL, 2002)

Research suggests that women may also be more likely than men to use prescription opioids to self-medicate for other problems including anxiety or stress. (McHugh 2013)
Mental Health and Substance Use Coercion

Abusers rely on stigma related to mental health and substance abuse to undermine and control their partners.

(Warshaw, 2014)

Women, Opioids and Violence

• Opioid use disorders are associated with IPV victimization particularly among women

• Women also may be particularly susceptible to such violence when under the influence of opioids.

(Smith, 2012)

Group Debrief

Group 3. Adolescent Health
Adolescent Relationship Abuse (ARA)

Young women who have experienced abuse have higher rates of:
- Depression and anxiety
- Disordered eating
- Suicidality
- Substance abuse

And are more likely to initiate sex before age 15. (Silverman, 2001)

Cyber Relationship Abuse Rarely Happens in Isolation

One in four teens in a relationship report having been called names, harassed, or put down by their partner via cell phone/texting.

Technology-based harassment is a red flag for other abuse
- 84% of the teens who report cyber abuse said they were also psychologically abused by their partners
- 52% say they were also physically abused
- 33% say they were also sexually coerced (Zweig, 2013)

Group Debrief

Group 4. Perinatal, Reproductive and Sexual Health
Perinatal Health

- Women who disclosed abuse were at an increased risk for rapid repeat and unintended pregnancy
- Late entry into prenatal care
- Increased incidence of low birth weight babies, preterm birth, and miscarriages

(Sarkar, 2008; Raneri, 2007; Alhusen, 2015; Liphsing, 2009; Morales, 2006; Silverman, 2006)

Tobacco Cessation and DV

42% of women experiencing some form of IPV could not stop smoking during pregnancy compared to 15% of non-abused women.

(Bullock, 2001)

DV and Breastfeeding

Women experiencing physical abuse around the time of pregnancy are:

41%-71% more likely to cease breastfeeding by 4 weeks postpartum

(Silverman, 2006)
HIV, STIs and Women's Experiences with IPV

Over half of women living with HIV have experienced domestic or sexual violence—considerably higher than the national prevalence among women overall (66% vs. 36%) (Machtinger, 2012; Black, 2011).

Women disclosing physical abuse were 3 times more likely to have an STI (Machtinger, 2012; Black, 2011).

Considerations for Differential Diagnosis

- New onset of mental health symptoms/exacerbation of issues
- Any/all substance abuse/relapse (pressure by another, coping/fear/hurt)
- Lack of medication adherence
- Access to care/follow up
- Ability to exercise/care for self

Health Impact: Human Trafficking Issues

- Injuries from physical or sexual violence/health exposures
- Unhealthy weight loss due to food deprivation and poor nutrition
- HIV/AIDS
- Cervical cancer
- Forced abortion
- Infectious disease
- Dental or oral problems
- Respiratory illness

(Baldwin 2011; Mazeda 2010; Zimmerman 2011; WHO, 2012)
Reproductive Coercion

“Making the Connection” video

The following animated FUTURES video introduces viewers to the definition and prevalence of reproductive coercion.

https://www.youtube.com/watch?v=KRaZl66kLk4&list=PLaS4Etq3IFrWgqgcKstcBwNiP_j8ZoBYK&index=4

Harm Reduction Strategies for Reproductive Health

- Birth control that your partner doesn’t have to know about (Copper T/IUD)
- Emergency contraception (EC) and give extra doses
- STI partner notification in clinic vs. home
  - www.inspot.org
  - www.sotheycanknow.org
- Opting NOT to engage in partner notification
Moving Beyond Screening Through CUES: An Evidenced Based Trauma Informed Approach to Address IPV and Human Trafficking

FOUR TIMES more likely to use an intervention such as:
• Advocacy
• Counseling
• Protection orders
• Shelter
• or other services

Healthcare Providers Make a Difference

Women Who Talked to Their Health Care Provider About Experiencing Abuse Were:

SAMHSA’s Six Key Principles of a Trauma-Informed Approach

Reflects adherence to six key principles rather than a prescribed set of practices or procedures:
• Safety
• Trustworthiness and transparency
• Peer support
• Collaboration and mutuality
• Empowerment, voice and choice
• Cultural, historical, and gender issues
FUTURES worked in partnership with Olga Trujillo, JD and the National Center on Domestic Violence, Trauma & Mental Health to develop a health brochure for those who have survived childhood or adult violence/abuse.

**Helps patients with trauma-informed answers to the following questions:**

- Why do I avoid visits, or have a hard time remembering what my provider tells me?
- What can I do to make my dental or health care visits less scary, or hard?

See handout and visit: [www.samhsa.gov/nctic/trauma-interventions](http://www.samhsa.gov/nctic/trauma-interventions)
Vicarious Trauma

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

(McBee, 2007)

**May include:**
- Images
- Sounds
- Details we’ve heard which then come to inform our worldview.

“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, 2007
  (quote from Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others)

Trauma-Informed Organizational Tool

- Includes a self-assessment handout for employees
- Checklist format for organizations to evaluate:
  - Training and education
  - Support and supervision
  - Communication
  - Employee control and input
  - Work environment

Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others

Laura Van Dernoot Lipsky

http://508.center4si.com/SelfCareforCareGivers.pdf
Healing Happens in Relationships

Establishing safe, authentic and positive relationships can be corrective and restorative to survivors of trauma.

What Happened to the Doctors’ Lounge?

The Healer’s Art Course

“THE MOST BASIC AND POWERFUL WAY TO CONNECT TO ANOTHER PERSON IS TO LISTEN. JUST LISTEN. PERHAPS THE MOST IMPORTANT THING WE EVER GIVE EACH OTHER IS OUR ATTENTION. A LOVING SILENCE OFTEN HAS FAR MORE POWER TO HEAL AND TO CONNECT THAN THE MOST WELL-INTENTIONED WORDS.”

- Mother Teresa, Nuns
Sharing Stories

• Why did I become a healer?
• What do we give up in order to become healers?
• What happens to us as healers when we close ourselves off from the full experience of loss and grief?
• How do we “see in new ways” and connect to our calling and the meaning of our service?

Show of Hands

• How many of you have, or know someone who has ever left something out of a medical history or intentionally misreported information to their healthcare provider?
• Why? What were they worried about?

Shifting From Bad 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?)
The Heart of Being Trauma Informed

What if we challenge the limits of disclosure driven practice? (Miller, 2017)

Universal Education

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

* If you currently have IPV/HT screening as part of your health center requirements: we strongly recommend first doing universal education.

Adolescent Safety Card

Take a moment to read this card. What stands out for you?
Changing the Way We Address IPV/HT

“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 so you have the info to help a friend or family member if it’s an issue for them.”

Why Altruism Matters

“...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)

CUES: An Evidence-based Intervention

Confidentiality
Universal Education
Empowerment
Support
**CUES: Who/When?**

**Who does it?** Every health center is different. May be medical assistants, behavioral health, providers (MD, NP, PA), or nurses.

**Who gets it?** All adolescents, female patients, LGBTQ-identified patients

**When?** At least annually; with disclosures at next follow-up apt; new relationships; or onset of new health issues possibly connected to IPV/HT

---

**“We always see patients alone”**

Before implementing CUES, establish a clinic-wide policy to see patients alone for part of every visit. Post a sign in waiting rooms and exam rooms that reads:

**NEW CLINIC POLICY:**
For privacy compliance, every patient will be seen alone for some part of their visit.

Thank you for your help.

---

**S: Visit-Specific Sample Scripts**

You can always follow CUES with direct inquiry and share any concern you have about their health issues and IPV/HT:

**Reproductive:** (Negative pregnancy test—no desire to be pregnant) “Is anyone preventing you from using birth control or wanting you to get pregnant when you don’t want to be?”

**Primary Care:** “Is there anything or anyone preventing you from getting your medication or taking care of yourself?”

**Behavioral Health:** “Sometimes when I hear about anxiety I think about relationships and stress...Is anything like this going on for you?”
S: Important Reminder

Disclosure is not the goal
AND
Disclosures do happen!

S: What survivors say that they want providers to do and say

- Be nonjudgmental
- Listen
- Offer information and support
- Don’t push for disclosure

(Chang, 2005)

Your recognition and validation of the situation are invaluable:

- “I’m glad you told me about this.”
- “I’m so sorry this is happening.”
- “You’re not alone.”
- “Help is available.”

S: Providing a “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.”
S: Advocates are the Experts

Domestic violence and sexual assault programs have vast experiences working with survivors of violence.

Advocates assist survivors who have experienced IPV or HT to think and act in a way to increase personal safety while assessing the risks.

Advocates connect patients to additional services like:

- Housing
- Legal advocacy
- Support groups/counseling

---

Evidence in Support of CUES Intervention

Among women in the intervention who experienced recent partner violence:

- **71% reduction** in odds for pregnancy coercion compared to control
- Women receiving the intervention were 60% more likely to end a relationship because it felt unhealthy or unsafe

(Miller et al. 2010)

---

Power of CUES Intervention

Following CUES staff training and implementation:

- Textual harassment victimization in the past 3 months decreased:
  - From 65% to 22% in school health center
  - From 26% to 7% in teen/young adult health center

- Clients were overwhelmingly positive about CUES:
  - 84% stated they would bring a friend to the health center
  - If they were experiencing an unhealthy relationship

(Miller, 2015)
Other Setting/Population-specific Safety Cards

**Setting Specific and Topical**
- Adolescent Health
- Behavioral Health
- HIV
- Home Visitation
- Pediatrics
- Primary Care (General Health)
- Reproductive Health and Perinatal

**Population Specific**
- American Indian/Alaska Native
- College Campus
- Hawaiian Communities
- HIV and HIV testing
- Lesbian, Gay, Bisexual, Questioning (LGBQ)
- Parents
- Pregnant or parenting teens
- Transgender/Gender Non-conforming persons
- Women across the lifespan
- and coming soon... a new card for Muslim youth

All cards are available in English and most are available in Spanish.

Primary care (general health) card is available in Chinese, Tagalog, and soon Vietnamese, Korean, Armenian, and French.

National Health Resource Center on Domestic Violence

- Setting and pop-specific safety cards
- Webinar series
- Training curricula + videos
- Clinical guidelines
- U.S. State & Territories reporting laws
- EHR and Documentation tools
- Posters
- Technical assistance

To order cards, or for more information, resources and support:
E-mail: health@futureswithoutviolence.org
www.futureswithoutviolence.org/health
Phone: 415-678-5500  TTY: (866) 678-8501

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

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

- CUES approach v. screening alone
- Confidential environment for disclosure
- Consider IPV for differential diagnosis
- Supportive messages
- Offer harm reduction strategies to promote safety and health
- Make warm, supported referrals to DV advocacy programs
- Grow partnerships with DV advocacy programs

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

Thank You!

Anna Marjavi
415-678-5500
amarjavi@futureswithoutviolence.org

Melissa Marshall, MD
Chief Medical Officer
melissam@communicarehc.org