

# siren

Social Interventions Research & Evaluation Network



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## Hot Topics Discussion

**Lessons from the Intimate Partner Violence Field: Moving  
beyond Surveillance and Screening toward safety and  
wellbeing: Part 1**

*November 12, 2024*

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siren

UCSF

# In Gratitude

This webinar is made possible with support from Blue Shield of California Foundation.

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# Panelists



**Elizabeth Miller, MD, PhD**  
University of Pittsburgh  
School of Medicine



**Lisa James, MA**  
Futures Without  
Violence

# For Today's Webinar

- The webinar is being **recorded** and a link to the presentation will be sent to all registrants and posted on our website when it is available.
- We welcome your questions and comments. Please use the **Q&A feature** to ask your questions. We will try to get to as many of them as possible.

# Registration is Open for the 2025 National Research Meeting!



## Key Dates

- February 2-4, 2025 | Wyndham San Diego Bayside Hotel | San Diego, CA
- Check out our website for all the details:  
<https://sirenetwork.ucsf.edu/2025-national-research-meeting>

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## About Futures Without Violence (FUTURES)

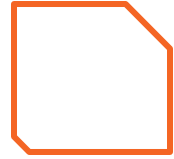


### Office Locations:

- San Francisco, CA
- Boston, MA
- Washington, DC

**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 and trauma tomorrow.**

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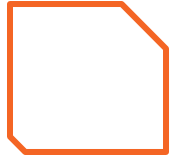
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**Home to The National Health Resource Center on Domestic Violence (HRC)** is a federally-designated resource center that has supported health care professionals, domestic violence experts, survivors, and policy makers at all levels as they improve health care's response to domestic violence, and increase the capacity of domestic violence advocates to address survivor health needs.

The HRC is funded by a grant from the Family Violence Prevention & Services Program, Family & Youth Services Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, and is a member of the Gender Based Violence Resource Network.

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





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# Health Partners on IPV + Exploitation

Health Partners on IPV + Exploitation is led by Futures Without Violence (FUTURES) and funded by HRSA BPHC to work with community health centers to support those at risk of experiencing or surviving intimate partner violence, human trafficking, or exploitation and to bolster prevention efforts.

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

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



Learn more: <https://healthpartnersipve.org/>

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# Prevalence and Health Impact

# What is Intimate Partner Violence (IPV)?

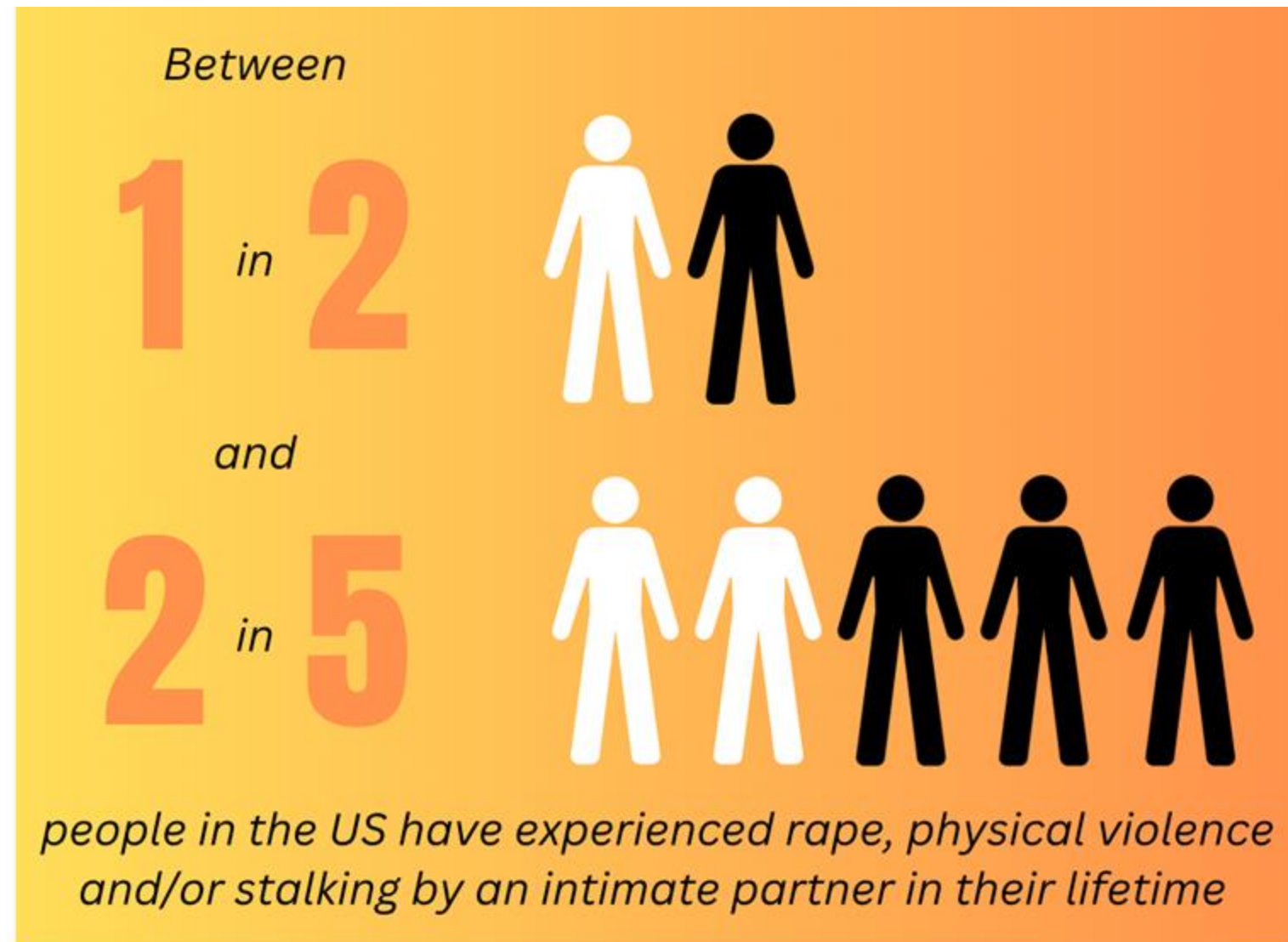
A person(s) in a relationship is using a **pattern** of methods and tactics to gain and maintain **power and control** over the other person.

- 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

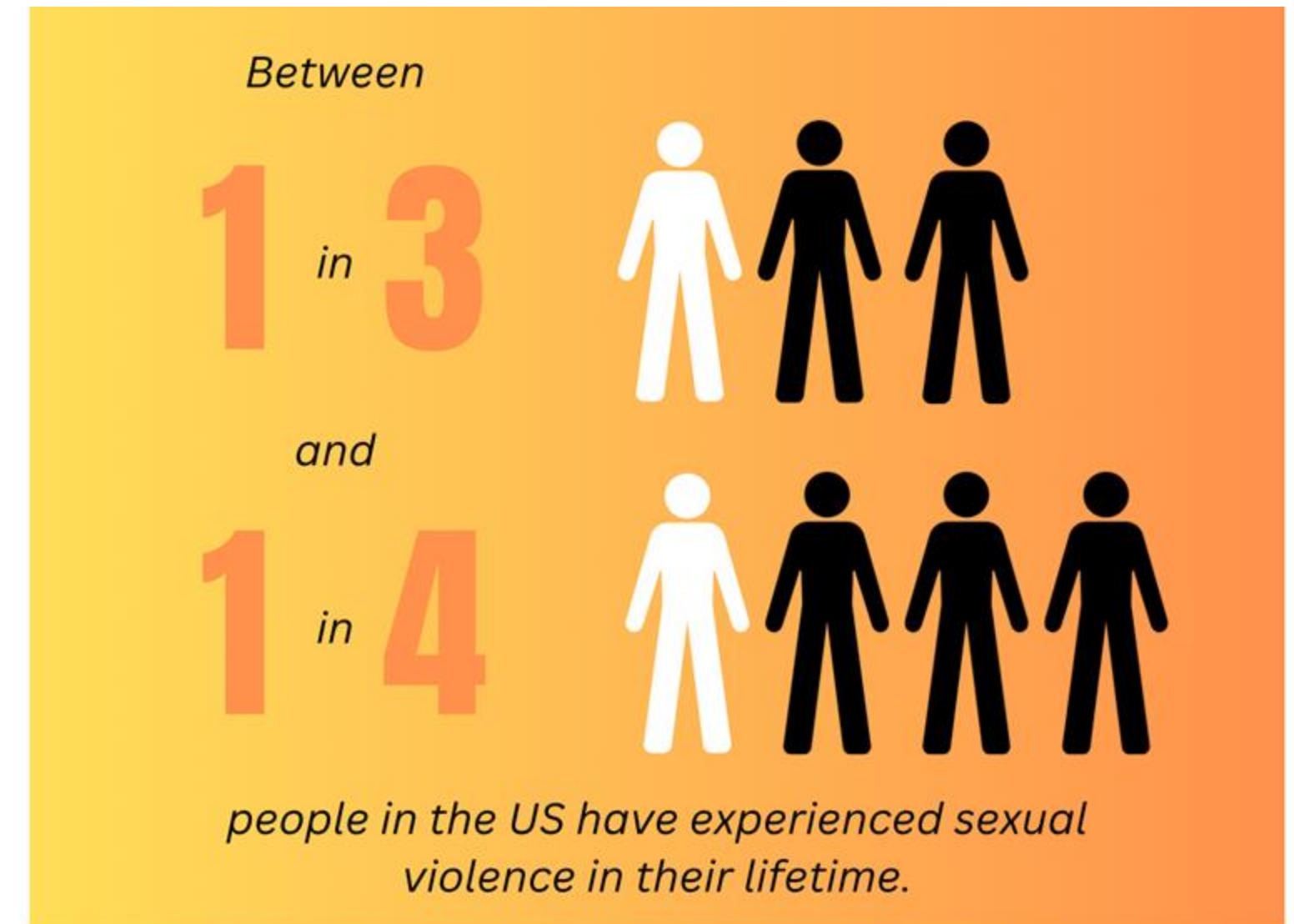


# Prevalence

## Intimate Partner Violence



## Sexual Violence



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



# Health impacts of intimate partner violence

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

**More than one in four female IPV survivors** require medical care for injuries.

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Survivors have increased likelihood of **asthma, chronic pain, irritable bowel syndrome, headaches, poor sleep, unwanted pregnancy, premature birth, sexually-transmitted infections, and activity limitations.**

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Survivors have increased likelihood of behavioral health conditions such as **depression, anxiety, post-traumatic stress disorder, suicidal ideation, and substance misuse.**

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# Social Determinants of Health



## IPV is a social driver of health

- IPV is key social driver of health and has a USPSTF recommendation of B to respond
- IPV also significantly exacerbates other social drivers – contributing to homelessness, job and food insecurity, social connectedness and poor mental and behavioral health
- Addressing food insecurities, economic insecurity, access to food and health care – **can prevent** more IPV

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# Lessons Learned

# Lessons Learned: Limits of Screening w/o Universal Education

- Low disclosure rates
- Resources offered only based on a patient's disclosure
- Missed opportunity for prevention education



## Notes from the field...

**“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?)





# What Survivors Want

**Autonomy** (Survivors want to be able to make their own decisions when it comes to health care including choosing provider and having multiple paths for interventions)

**Empathy and Compassion** (Survivors want non judgmental support regardless of how they respond to interventions)

**Informed Providers** (Survivors cite the value of having health care providers who understand IPV and where to get help)

**These principles apply when responding to any social driver of health**

<https://healthpartnersipve.org/resources/healing-centered-approaches-to-screen-and-intervene-for-sdoh-including-ipv-a-paper/>



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# **Evidence and Practice Based Interventions Can Make a Difference**

# 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.*

# CUES: An Evidence-based Intervention

**C**onfidentiality  
**U**niversal Education  
**E**mpowerment  
**S**upport



(Above: four images of safety card tools)

# What Survivors say about limits of confidentiality

- National Hotline Focus survey with survivors finds:
- 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”



## C: Confidentiality: “We always see patients alone”

1. Ensure that you can bring up relationships, violence, or stress safely by seeing client alone for at least part of every visit.
2. Don't push for disclosure.
3. Establishing confidentiality and offering resources regardless of disclosure is important when responding to any social driver or working with anyone who may be concerned about privacy, fear systems involvement etc.

“ Today I will offer some resources with you – I understand some people don't want to share certain things about their health or relationships. I want you to know you can use any resources I give you for yourself or for a friend, regardless of what you choose to share with me today.”

### Key Resources:

- “Seeing patients alone” video vignette: <https://youtu.be/Mvxem3WwQaY>



# UE: Universal Education + Empowerment

1. Give each patient **two safety cards** to start the conversation about relationships and how they affect health.
2. 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.
3. Ensuring that patients don't have to answer yes to screening questions to receive resources should be applied to all social interventions to promote peer to peer education.

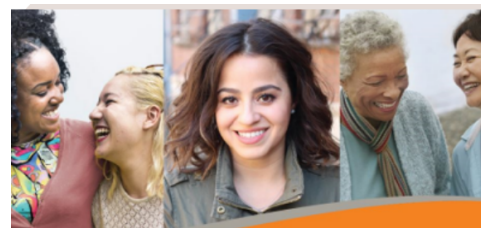
"I've started giving two of these cards to all of my patients—in case you are ever struggling in a relationship or if you feel like someone is taking advantage of you - and also so you have the info to help a friend or family member."

## Key Resources:

- CUES Intervention (shortened): <https://youtu.be/vqQ0CqMDy-s>
- Provider Discussion of Safety Card Intervention: [https://youtu.be/-SS1XzO\\_Rqc](https://youtu.be/-SS1XzO_Rqc)
- Universal education, patient talks about sister: <https://youtu.be/N-llCsnGSI>



Make the connection between IPV and Health and discuss why any assessment questions are central to the patients health



## IS YOUR RELATIONSHIP AFFECTING YOUR HEALTH?

A lot of people don't realize that having a partner verbally hurt you with their words, injure you, or make you do sexual things you don't want to can actually impact your health.

- ✓ Asthma, diabetes, chronic pain, high blood pressure, cancer
- ✓ Using substances more than you want to
- ✓ Unplanned pregnancies and STIs
- ✓ Trouble sleeping, depression, anxiety
- ✓ Inability to think or control emotions

Talking to your health provider about these connections can help them take better care of you.

Are There Times Your Partner or the Person You're Seeing:

- X Shames or humiliates you?
- X Controls where you go and how you spend money?
- X Ever hurts or scares you with their words or actions?
- X Makes you have sex when you don't want to?
- X Keeps you from seeing your doctor or taking medicine?

These experiences are common. If you are are being hurt or controlled by your partner, you are not alone.

If your safety is at risk:

-  Ask your health care provider about resources and services that are accessible 24/7
-  Talk to a trusted friend, advocate or a provider about safety planning

You deserve to be safe. You deserve to be treated with respect.



Worried about a friend? You can support them by:

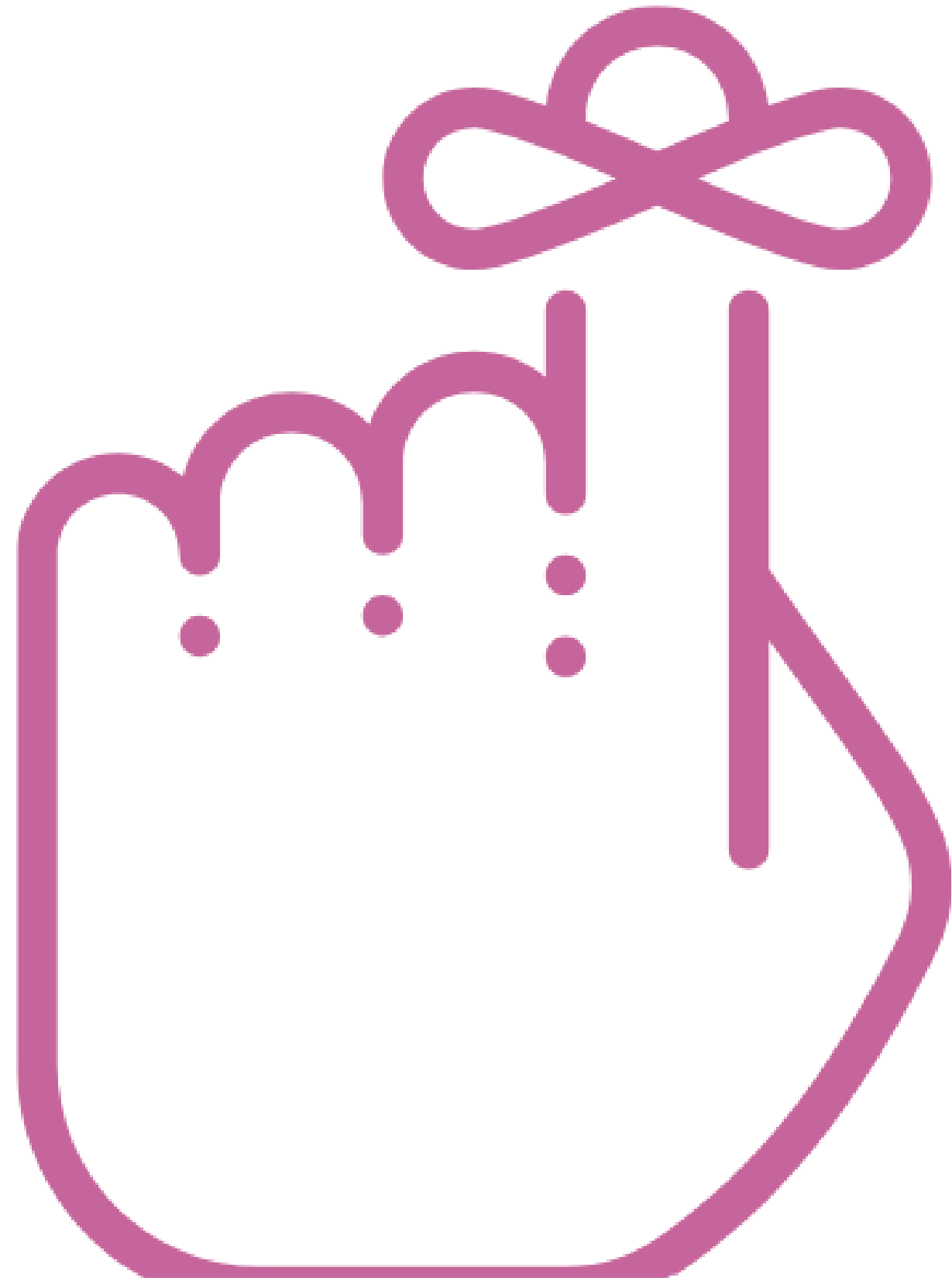
- ✓ Letting them know you are there for them if they want to talk
- ✓ Listening and believing them without judgment or shame
- ✓ Giving them information about where to get help





## **S: Important Reminder**

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



## S: Support

1. Make a warm referral to your local domestic/sexual violence partner agency or national hotlines (on the back of all safety cards). Warm referrals increase uptake.
2. Offering health promotion strategies and a care plan that takes surviving abuse or any social need into consideration is useful for people facing multiple social needs.

“I am sorry that is happening to you. I have resources that can help.”

“I am so grateful that you shared that with me. Thank you for trusting me with your story.”

“I work with a program who can help – they really understand complicated relationships. If you like we can put them on the phone now to talk.”

### Key Resources:

- CUES Follow-Up: Warm referral: [https://youtu.be/G\\_l3iCgtVcM](https://youtu.be/G_l3iCgtVcM)
- CUES Follow-Up: Offering support: <https://youtu.be/rycKRAPZtQE>
- Universal Education and Screening for Intimate Partner Violence in a Reproductive Health Setting (Support piece): [https://youtu.be/bnhx3Hwf\\_hs?t=242](https://youtu.be/bnhx3Hwf_hs?t=242)



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# Health Promotion and Harm Reduction

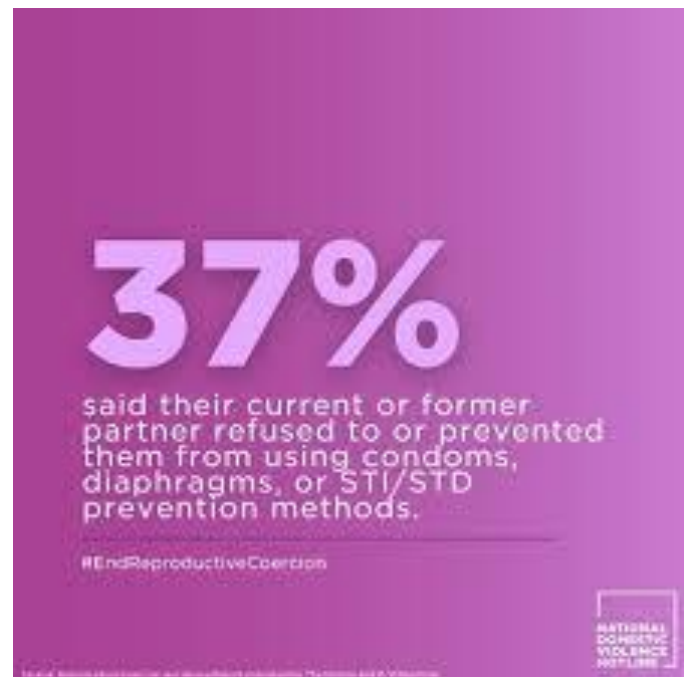
# For all Social drivers and interventions

- Research and practice should embrace more than screening and referrals
  - Risk stratification can be limited – offer resources universally and measure uptake or need in the community
  - Consider action at point of care
  - How can you adjust assessment (not just a longer screening form) and how can you adjust care plan (not just a referral)



# Reproductive Coercion is common

- Birth control sabotage
- Condom manipulation (stealthing)
- Forcing partner to get an abortion, or preventing them from getting one
- Withholding finances needed to purchase birth control (economic abuse)
- Threatening the pregnant person if they don't follow their wishes to either end or continue a pregnancy (partner and family pressure).



## Reproductive Coercion and Abuse Report

A survey to learn more about survivor experiences with reproductive coercion and abuse.

Report in collaboration with If/When/How

thehotline.org

NATIONAL DOMESTIC VIOLENCE HOTLINE



# Reproductive Coecion

- Conversation Starter:

- Is anyone messing with your birth control or trying to get you pregnant when you don't want to be?

## Harm Reduction:

Offer birth control that is less prone to interference

Remove birth control out of packaging if partner is monitoring medication



# Mental health coercion is common

## Domestic violence commonly targets mental health

In a survey of 2,546 callers to the National Domestic Violence Hotline:



had experienced at least one type of mental health coercion, including:



4 in 5

said their partner accused them of being “crazy”



3 in 4

said their partner deliberately did things to make them feel like they were losing their mind



1 in 2

said their partner threatened to report they were “crazy” to keep them from getting things they wanted or needed (e.g. protection order or child custody)



1 in 2

sought help due to feeling depressed or upset. Of those, half said their partner tried to prevent or discourage them from getting help or taking prescribed medications

Mental Health and Substance Use Coercion Surveys Report from the National Domestic Violence Hotline and



# Mental Health Coercion

## Conversation starters:

- “How does your partner support your mental health? People have shared that sometimes their partners say hurtful things or try to make them think they are ‘losing their mind.’ Partners might make it hard to connect with people you trust or might only be supportive during hard times. If you can relate to any of this, we’re here to help.”

## Harm Reduction

Safe strategies for keeping appointments and for staying connected to services if facing isolating abuse tactics

Safe times or places to receive communication

Whether keeping regular appointments raises concerns about being stalked. Discuss ways to stagger appointment times or consider alternative ways to meet

Options for maintaining control of medication(s)





# Substance Use Coercion is Common

## Domestic violence often includes substance use coercion

Substance use coercion refers to coercive tactics focused on substance use, as part of a broader pattern of abuse and control



A survey of 3,056 callers to the National Domestic Violence Hotline found:

of callers had experienced at least one form of substance use coercion



over  
**1 in 4**

had used substances to reduce the pain of domestic violence



over  
**1 in 4**

had been pressured or forced to use substances or made to use more than they wanted

# Substance Use Coercion

## Conversation Starters:

“People have shared with us that their (ex-)partner pressured them to use substances, use in ways that they didn’t want to, or used their substance use as a way to control them. Using substances is a common way to deal with physical and emotional pain. If you can relate to any of this, know that we’re here to help.”

## Harm reduction:

Fentanyl and Xylazine Checking

Safer Injection Practices

Safer Injection Kit

Safer Smoking Practices



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# Building and Sustaining Partnerships

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## Anti-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



# 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**

*Supports survivor safety, self-determination, and connection*



*Warm referral from domestic violence agency to health center*



*Warm referral from health center to domestic violence agency*



**Community Health Center Partner**

*Supports survivor health and well-being*

Download a sample MOU: <https://healthpartnersipve.org/resources/sample-memorandum-of-understanding/>

Find your State and Tribal DV Coalitions:

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

<https://www.niwrc.org/tribal-coalitions>

Find a health center near you: <https://findahealthcenter.hrsa.gov/>

# Strategies for Building Partnerships with any CBO

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



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

Learn more about partnerships: <https://healthpartnersipve.org/resources/partnerships-between-hcs-and-dv-and-sv-advocacy-programs-bi-directional-infographic/>

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## Value of Universal Education and Empowerment

**Outcomes for Patients:** utilization of CUES model was associated with 71% reduction in pregnancy pressure and women reporting 60% more likely to end a relationships they felt was unsafe.

**Increased disclosure:** Universal education models have demonstrated a threefold increase in disclosure amongst youth who experience abuse as well as a decreased isolation and reproductive coercion

**Outcomes for Providers:** Providers report confidence and awareness when trained on the approach

**Peer to Peer Education:** Patients report that they were almost twice as likely to share IPV resources with friends.

<https://healthpartnersipve.org/resources/healing-centered-approaches-to-screen-and-intervene-for-sdoh-including-ipv-a-paper/>

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# Resources

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# Healing Centered Approaches to Screen and Intervene for Social Determinants of Health Including Intimate Partner Violence (A Paper)

This paper describes evidence-based strategies for responding to IPV – and offers an approach for health care providers and decision makers that can also be applied to all efforts to address the social determinants of health. (15 pages in English)



<https://healthpartnersipve.org/resources/healing-centered-approaches-to-screen-and-intervene-for-sdoh-including-ipv-a-paper/>

## Safety Cards- Population and Setting Specific

- Adolescent Health
- Farmworkers
- American Indian/Alaska Native, and Hawaiian
- College Campus
- HIV+
- Lesbian, Gay, Bisexual, Questioning (LGBQ)
- Pregnant or parenting teens
- Primary Care
- Reproductive Health Settings
- Transgender/Gender Non-conforming
- Muslim Youth



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

QR code to access HRC resources



[www.IPVHealth.org](http://www.IPVHealth.org): online toolkit  
for building health and advocacy  
partnerships

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# Adaptable Health Center Protocol on IPV/HT

In English and Spanish

<https://healthpartnersipve.org/futures-resources/sample-health-center-protocol/>

[Name of Community Health Center]	
MANUAL: Clinical	Section:
Exploitation, Human Trafficking, and Intimate Partner Violence	
Policy Approved:	Procedures Last Revision Date:
Policy Last Review Date:	Procedures Last Review Date:

**Protocol for HRSA-supported Community Health Centers to Engage Patients through Universal Education Approaches on Exploitation (E), Human Trafficking (HT), Domestic Violence (DV) and Intimate Partner Violence (IPV)**

**Protocol Purpose:** The protocol purpose is to prevent exploitation, human trafficking, domestic violence, and intimate partner violence by helping patients have healthy relationships and promote their health as workers. This will occur through universal education about healthy relationships and fair labor practices for the prevention of abuse, violence, and exploitation. The protocol will enable the health center to provide trauma-informed, survivor-centered care; intervention with clinical and case management services; and formalized ways to connect patients with community-based services that provide resources for domestic violence, employment assistance, housing, food, civil legal aid, and other basic needs. Also, health centers will attend to the patients' physical and mental health needs and create safety plans in partnership with community-based advocates. Patients often have physical and emotional safety needs that must be supported by trauma-informed protocols and healing services. For example, health impacts of domestic violence and human trafficking/exploitation include exacerbation of chronic illness, sexually transmitted infections, reproductive coercion, traumatic brain injuries and history of strangulation, anxiety, depression, and post-traumatic stress disorder (PTSD). (For more information about the health impact of trauma and abuse, and to download community health center tools on these topics visit: <https://ipvhealthpartners.org/>).

This protocol also serves as a support resource for health center staff. Given the prevalence of violence and exploitation in communities, health center employees also have personal experiences of violence, abuse, trauma, or exploitation, and may experience vicarious trauma, secondary traumatic stress, or PTSD re-traumatization from caring for patients affected by violence. The community-based resources in this protocol also serve as resources for staff. In addition, it is recommended that health centers create workplaces free from domestic violence, sexual harassment and violence, and stalking (helpful policies and toolkits are available through [Workplaces Respond to Domestic and Sexual Violence: A National Resource Center](https://www.workplacesrespond.org/), a project of Futures Without Violence, visit <https://www.workplacesrespond.org/>).

This protocol addresses both [intimate partner violence \(IPV\)](#) and [domestic violence \(DV\)](#) and the terms are used interchangeably (with "domestic violence" as the broader term across the document).

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(Version: July, 2021)

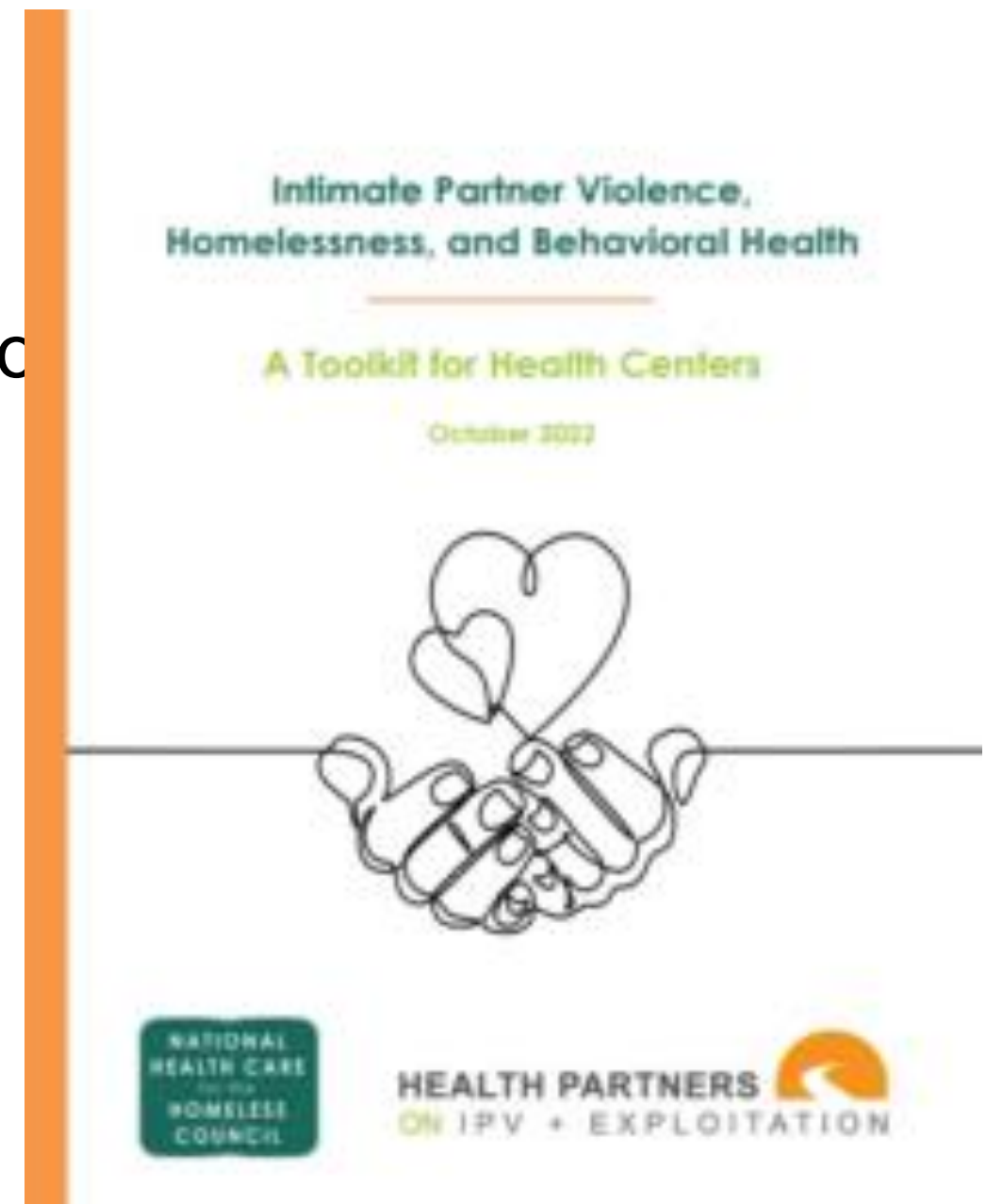
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# Intimate Partner Violence, Homelessness, and Behavioral Health: A Toolkit for Health Centers

Developed in collaboration with the National Health Care for the Homeless Council, the following toolkit is intended to assist health centers and community-based programs in addressing the intersection of IPV and homelessness in four domains:

- Foundations of intersectional practice
- Provider self- and team-care
- Guidance on clinical conversations
- Community partnership

<https://healthpartnersipve.org/futures-resources/intimate-partner-violence-homelessness-and-behavioral-health-a-toolkit-for-health-centers-2/>



**COMMITTED TO SAFETY FOR ALL SURVIVORS:**

*GUIDANCE FOR DOMESTIC VIOLENCE PROGRAMS  
ON SUPPORTING SURVIVORS WHO USE SUBSTANCES*

GABRIELA A. ZAPATA-ALMA, LCSW, CADAC

**UNDERSTANDING  
SUBSTANCE USE COERCION  
IN THE CONTEXT OF  
INTIMATE PARTNER VIOLENCE:  
IMPLICATIONS FOR POLICY  
AND PRACTICE**

SUMMARY OF FINDINGS

**Coercion Related to Mental Health and Substance Use  
in the Context of Intimate Partner Violence:**

*A Toolkit for Screening, Assessment, and Brief Counseling  
in Primary Care and Behavioral Health Settings*

Carole Warshaw, MD and Erin Tinnon, MSW, LSW

March 2018

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**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***

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[futureshealthconference.org](https://futureshealthconference.org)

[conference@futureswithoutviolence.org](mailto:conference@futureswithoutviolence.org)



# Action Steps:

- Applying universal education prior to any SDOH assessment or intervention
- Implement and measure uptake of referrals and harm reductions strategies
- Consider providing comments to encourage the women's preventive task force to include universal education and harm reduction strategies  
<https://www.womenspreventivehealth.org/recommendations/interpersonal-and-domestic-violence/>

Join us for Part Two when we talk documentation, coding, privacy considerations, Considerations for data sharing and referral platforms and creating sustainable programs including those that leverage Medicaid for IPV interventions



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# Thank you!

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