

Slide 1



Making the Connection between Relationships and Health

sexual violence prevention 

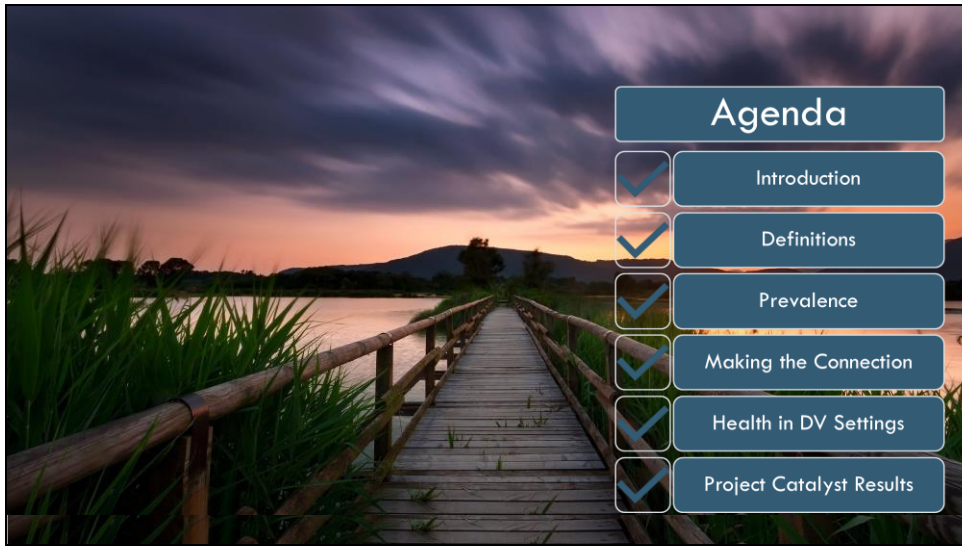
 IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

 Idaho Coalition Against Sexual & Domestic Violence



Group Agreements

- All of you is welcome here
- Be aware of your reactions
- Respect confidentiality
- When the going gets rough, turn to wonder
- Additions?



Slide 4



Director of Social
Change

Idaho Coalition
Against Sexual and
Domestic Violence



MERCEDES MUÑOZ

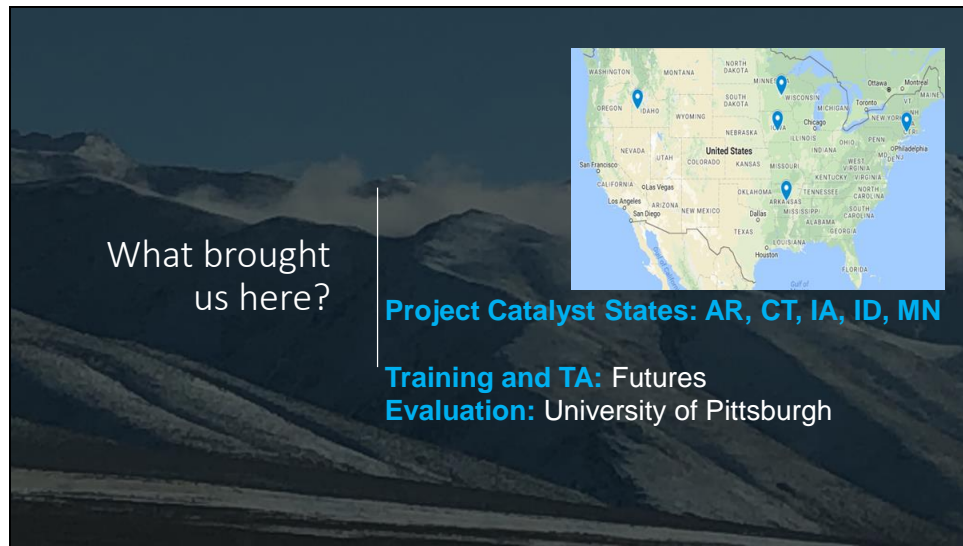
Slide 5



Sexual Violence
Prevention Program
Manager

Idaho Department of
Health and Welfare

KATHLEEN "KATY" PALMER



Notes to Trainer: Read aloud: “Project Catalyst is a project focused on fostering intimate partner violence (IPV), human trafficking and health leadership and collaboration at the U.S. state level to improve the health and safety outcomes for survivors of IPV and HT and to promote prevention.”

Background info:

This project is supported through a collaboration of U.S. Department of Health and Human Services partners, including the Administration for Children and Families’ (ACF) Family and Youth Services Bureau, the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care, and the HRSA Office of Women’s Health. Technical assistance and training will be provided by FUTURES with an evaluation by the University of Pittsburgh. The project timeline is fast—December 1, 2017- September 30, 2018

Each Project Catalyst State Leadership Team aims to:

- Promote state-level policy and systems changes that support an integrated and improved response to IPV and human trafficking in community health centers and to other needed services in domestic violence programs.
- Work with five community health centers and five domestic violence advocacy programs— demonstration sites—(in each state) that are partnering with one another on trauma-informed practice transformation.
- Identify a strategy to promote policies and practices that support ongoing integration of the IPV and human trafficking response into health care delivery state-wide, and significant inroads into implementation of an action plan to train and engage at least 50% of the HRSA-funded health centers by the end of the project period.

- For more information see: <https://www.futureswithoutviolence.org/project-catalyst-statewide-transformation-health-ipv/>

Project Catalyst Demonstration Sites

Community Health Centers
Adams County Health Center, Council
Family Health Services, Twin Falls
Family Medicine Residency of Idaho, Boise
Heritage Health, Coeur d'Alene
Shoshone-Banwick Community Health Center, Fort Hall

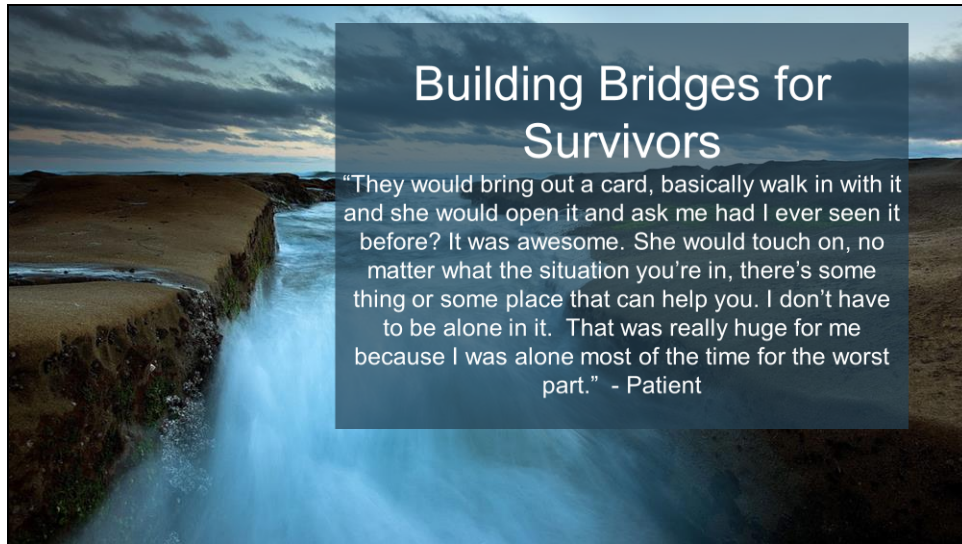
Local Domestic and Sexual Violence Programs
Safe Passage, Coeur d'Alene
Shoshone-Banwick Community Victim Assistance Project, Fort Hall
Boise Advocates, Council
Voices Against Violence, Twin Falls
Women's and Children's Alliance, Boise

Idaho Coalition
IDaho DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

Project Catalyst

State Leadership Team include partners from each state's:

- Primary Care Association
- Department of Health
- Domestic Violence Coalition



Building Bridges for Survivors

“They would bring out a card, basically walk in with it and she would open it and ask me had I ever seen it before? It was awesome. She would touch on, no matter what the situation you’re in, there’s some thing or some place that can help you. I don’t have to be alone in it. That was really huge for me because I was alone most of the time for the worst part.” - Patient




Defining intimate partner violence

A **pattern of behaviors** somebody exhibits whose purpose is to **gain the means** in order to control, manipulate, or coerce another person.

Different types of definitions: Legal definitions, narrowly defined as physical abuse, but the public health definition is broader.

- Intimate partner violence is an umbrella term used to describe a range of patterned behaviors somebody uses to gain power and control over somebody else.
- 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

This definition of IPV and more information from the National Hotline on Domestic Violence may be found here: www.thehotline.org/is-this-abuse/abuse-defined/



Defining human trafficking

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: Violence or threat of violence

Fraud: Debt bondage, deceitful labor recruitment

Coercion: Emotional manipulation, threat of law enforcement involvement, immigration status, threats against family

Biggest misnomer: Moving across borders.

Background info:

- “Human Trafficking” *National Human Trafficking Hotline*, www.humantraffickinghotline.org/type-trafficking/human-trafficking National Trafficking Hotline 2016 Report <https://humantraffickinghotline.org/states>
- 2013 Trafficking in Persons Report, <https://www.state.gov/j/tip/rls/tiprpt/2013/210543.htm>



<https://www.youtube.com/watch?v=KRazI66kLk4>

Notes to Trainer: Read definition aloud. Ask the audience “Why would someone do this?” Allow people to respond and if it’s not already stated share “Because it’s much harder to leave when there’s children”.

3,169 callers responded and 25% answered yes to:

- Has your partner or ex-partner ever told you not to use birth control?
- Has your partner or ex-partner ever tried to force you or pressure you to become pregnant?
- Has your partner or ex-partner ever made you have sex without a condom so you would become pregnant?

Background Info:

- Miller E, Decker MR, McCauley H, Tancredi DJ, Levenson R, Waldman J, Schoenwald P, Silverman JG. (2011). A Family Planning Clinic Partner Violence Intervention to Reduce Risk Associated with Reproductive Coercion. *Contraception*, 83: 274-80.
- Reproductive and sexual coercion. Committee Opinion No. 554. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2013;121:411–

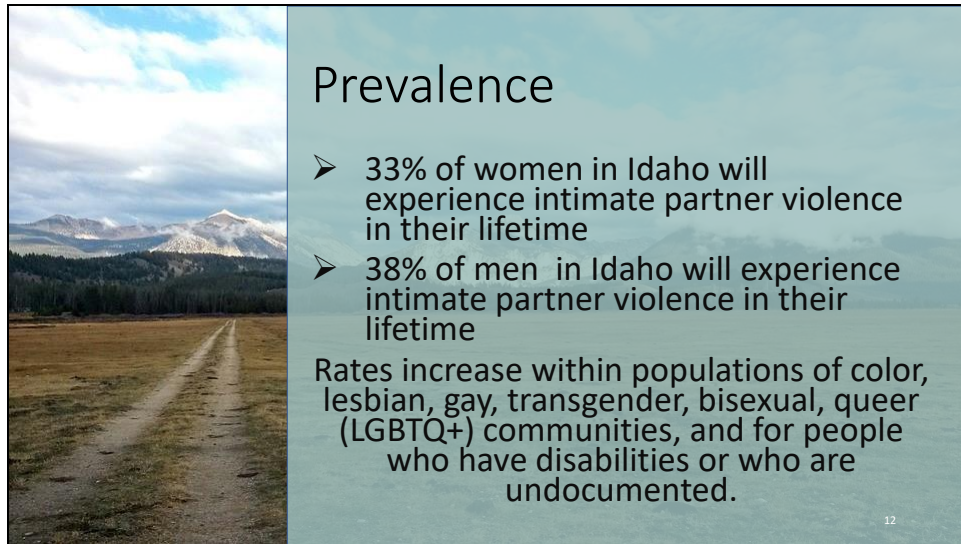
5. <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Reproductive-and-Sexual-Coercion>

•Linda Chamberlain, PhD, MPH and Rebecca Levenson, MA (Futures Without Violence)
Addressing Intimate Partner Violence Reproductive and Sexual Coercion: A Guide for Obstetric, Gynecologic, Reproductive Health Care Settings Third Edition (2013).

<https://www.futureswithoutviolence.org/userfiles/file/HealthCare/Reproductive%20Health%20Guidelines.pdf>

•Making the Connection Video:

https://www.youtube.com/watch?v=KRazl66kLk4&list=PLaS4Etq3IFrWgggcKstcBwNiP_j8ZoBYK&index=5



Prevalence

- 33% of women in Idaho will experience intimate partner violence in their lifetime
- 38% of men in Idaho will experience intimate partner violence in their lifetime

Rates increase within populations of color, lesbian, gay, transgender, bisexual, queer (LGBTQ+) communities, and for people who have disabilities or who are undocumented.

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National Intimate Partner Violence and Sexual Violence Survey– 2012 data is the best state data we have, allows us to compare to the national average.

“IPV defined as: contact sexual violence, physical violence, and/or stalking victimization by an intimate partner

US Average for women- 37% (44 % Idahoan women will experience psychological aggression)

US Average for men - 31% (49% Idahoan men will experience psychological aggression)

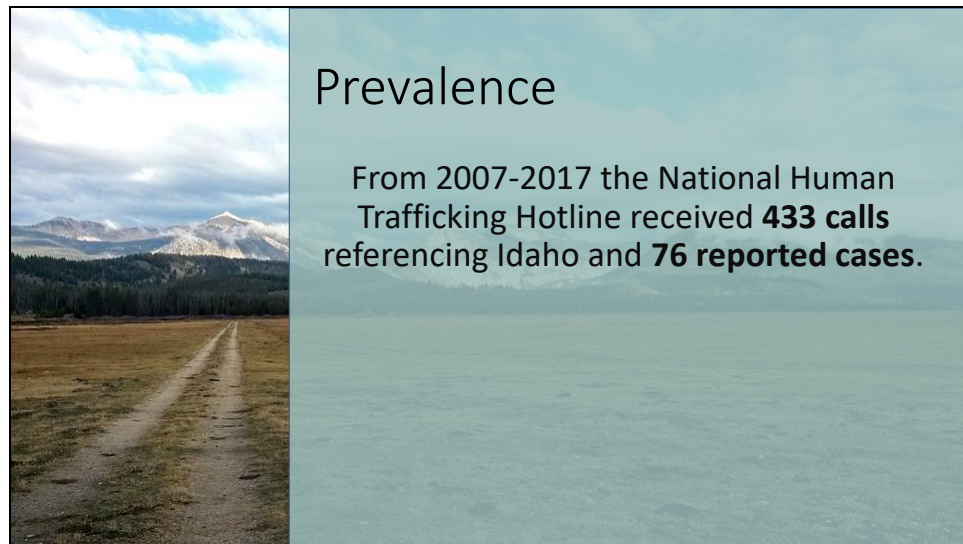
Rates increase for people of color, LGBTQ+

78% of Idaho women reported IPV-related impacts from their experience, including 40% resulting in injury, 22% needing medical care as a result of relationship violence, and 30.4% missing at least one day of work or school.

34% of Idaho men reported IPV-related impacts from their experience. Sample size too small to determine aggregate percentages for needing medical care, injury. 16% missed at least one day of school or work.

Black MC, Basile KC, Breiding MJ, Smith SG, Walters ML, Merrick MT, Chen J, Stevens R. (2012). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 State Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

- Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011. www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf
- Kann, L., Olsen, O. E., McManus, T., Kinchen, S., Chyen, D., Harris, W., & Wechsler, H. (2011). Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9–12 — youth risk behavior surveillance, selected sites, United States, 2001–2009. *MMWR Surveillance Summaries*.60(7),1-133.

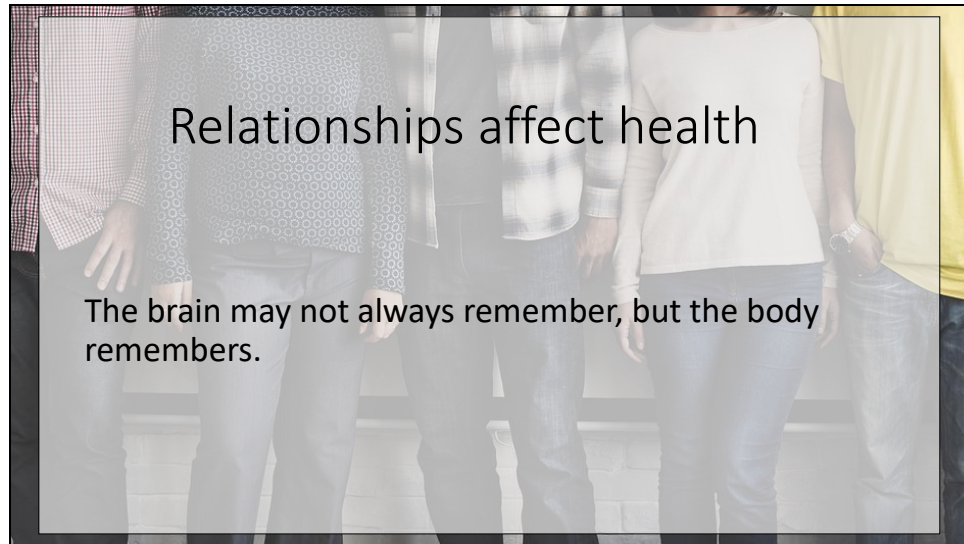


Most vulnerable population? LBTQIA+, unmarried parenting youth, or youth in poverty runaway youth. 61% of girls and 16% of runaway boys state they left their homes because of sexual abuse. 71% are considered at risk for prostitution. A majority of runaway youth are propositioned within 48 hours of being homeless. (Rate of homeless youth in rural communities is near identical to that in urban communities—4.4% in rural v. 4.2% in urban for youth 13-17; 9.2 v. 9.6 for young adults 18-25)

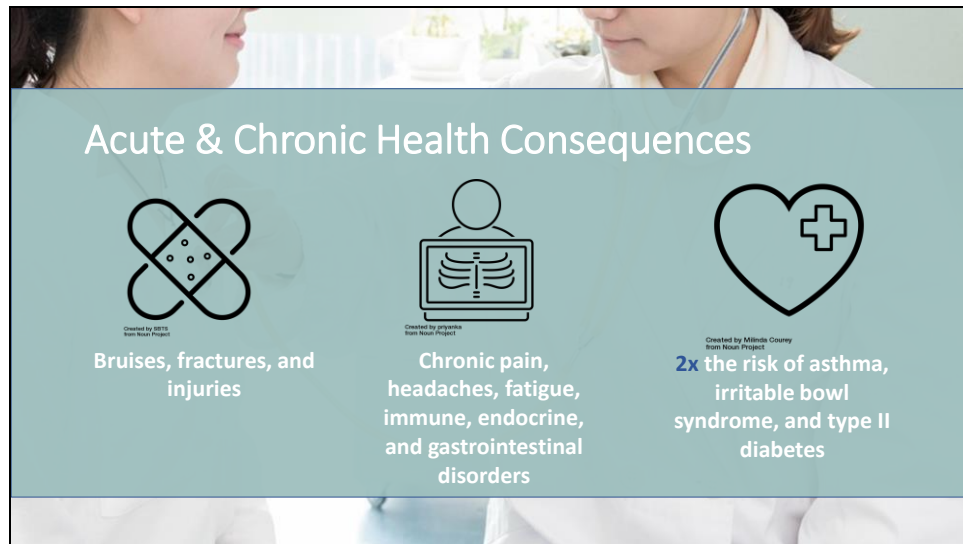
Source: <http://voicesofyouthcount.org/brief/national-estimates-of-youth-homelessness/>

https://www.rhyttac.net/assets/docs/Resources/Trafficking_Infograph_012418.pdf


When Project Catalyst did its first training in Arkansas in 2018, the health care audience was asked about their experiences with trafficking victims in clinic. One story in particular stood out. An ER physician shared a story about a chemical fertilizer incident where two men were brought to the ER with difficulty breathing and chemical burns. The man that brought them to the ER refused to leave their side, hovered and did not let them answer any questions from the provider—both men were intubated within an hour of showing up in the ER. It was clear to the provider that something was very wrong—including that their treatment was paid for in cash. The provider spoke about the difficulty of not knowing how to manage this and how helpless he felt. That story reminds us how essential it is to have a clinic wide policy to always see patients alone to allow them a safe place to tell their stories, especially when there is an acute injury, or accident.




Intro slide to next part



Acute & Chronic Health Consequences

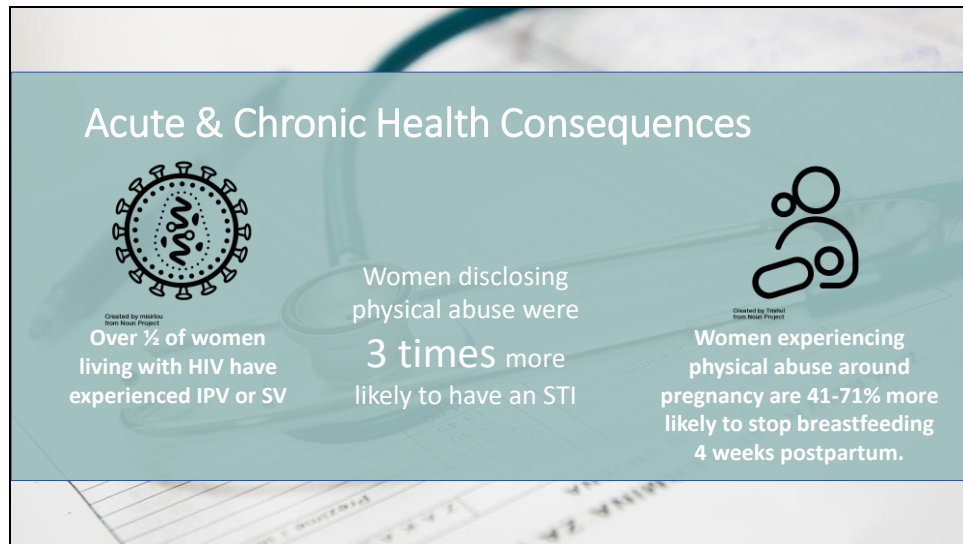

Created by NHTS from NHTS Project
Bruises, fractures, and injuries


Created by NHTS from NHTS Project
Chronic pain, headaches, fatigue, immune, endocrine, and gastrointestinal disorders


Created by Mirinda Cooney from NHTS Project
2x the risk of asthma, irritable bowel syndrome, and type II diabetes

Sources:

- Tjaden P, Thoennes N. Extent, nature, and consequences of intimate partner violence: findings from the National Violence Against Women Survey. Washington (DC): Department of Justice (US); 2000. Publication No. NCJ 181867.
- Coker AL, Davis KE, Arias I, Desai S, Sanderson M, Brandt HM, et al. Physical and mental health effects of intimate partner violence for men and women. *Am J Prev Med.* 2002;23(4):260–268.
- McHugh RK, DeVito EE, Dodd D, et al. Gender differences in a clinical trial for prescription opioid dependence. *J Subst Abuse Treat.* 2013;45(1):38-43. doi: 10.1016/j.jsat.2012.12.007
- For more information on Intimate Partner Violence: Consequences:, visit the Centers for Disease Control and Prevention website:
<http://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html>
- Black MC. 2011. Intimate partner violence and adverse health consequences: implications for clinicians. *Am J Lifestyle Med* 5(5):428-439. Breiding MJ, Black MC, Ryan GW. Chronic disease and health risk behaviors associated with intimate partner violence—18 U.S. states/territories, 2005. *Ann Epidemiol* . 2008; 18:538–544.
- Crofford LJ. Violence, stress, and somatic syndromes. *Trauma Violence Abuse.* 2007; 8:299–313.



Maman, S. et al. 2000. The intersections of HIV and violence: Directions for future research and interventions. *Social Science & Medicine* 50(4):459-478.

Black MC, et al., (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Machtinger E, et al. (2012a). Psychological trauma and PTSD in HIV-positive women: A meta-analysis. *AIDS and Behavior* 16(8), 2091-2100

Black MC, Intimate partner violence and adverse health consequences: implications for clinicians, *American Journal of Lifestyle Medicine*, 2011, 5(5):428-439.

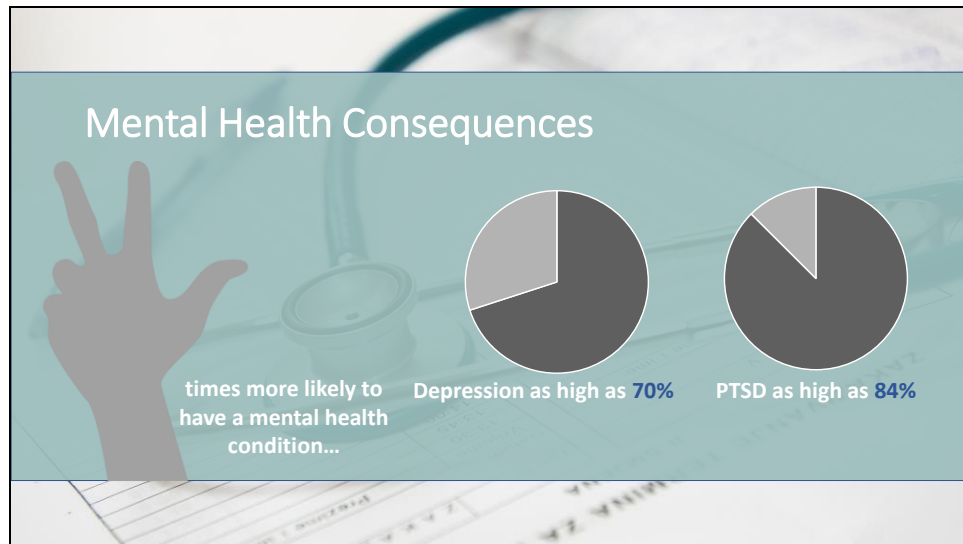
Coker AL, Does physical intimate partner violence affect sexual health? A systematic review, *Trauma, Violence, & Abuse*, 2007, 8(2):149-177.

Silverman JG, Decker MR, Reed E, Raj A, Intimate partner violence around the time of pregnancy: association with breastfeeding behavior, *J Womens Health (Larchmt)*, 2006 Oct;15(8):934-40.

Mental Health Consequences

3 times more likely to have a mental health condition...


The slide features a teal background with a white text overlay. On the left, a black silhouette of a hand with three fingers raised is positioned. To its right, a stethoscope is visible, and below it, a document with some text is partially shown. The overall theme is medical and mental health.




Sources:

- Tjaden P, Thoennes N. Extent, nature, and consequences of intimate partner violence: findings from the National Violence Against Women Survey. Washington (DC): Department of Justice (US); 2000. Publication No. NCJ 181867.
- Coker AL, Davis KE, Arias I, Desai S, Sanderson M, Brandt HM, et al. Physical and mental health effects of intimate partner violence for men and women. *Am J Prev Med.* 2002;23(4):260–268.
- McHugh RK, DeVito EE, Dodd D, et al. Gender differences in a clinical trial for prescription opioid dependence. *J Subst Abuse Treat.* 2013;45(1):38-43. doi: 10.1016/j.jsat.2012.12.007

Health Risk Behaviors



6x more likely to become dependent on drugs or alcohol



2x more likely to smoke, become obese, and practice sexual risk behaviors

- Substance Use/Abuse in the Context of Domestic Violence, Sexual Assault, and Trauma, Patricia J. Bland, M.A. CDP & Debi Edmund, LPC CADC (Dec 2014). http://nationalcenterdvtraumamh.org/wp-content/uploads/2015/10/NCDVTMH_PatriciaBland_DebiEdmund_SubstanceUseDVSATraumaCurriculum.pdf
- Carole Warshaw, MD; Eleanor Lyon, PhD; Patricia J. Bland MA, CDP; Heather Phillips, MA; Mikisha Hooper, BA Mental Health and Substance Use Coercion Surveys, A Report from the National Center on Domestic Violence, Trauma & Mental Health and the National Domestic Violence Hotline, March (2014). http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2014/10/NCDVTMH_NDVH_MHSUCoercionSurveyReport_2014-2.pdf



- Dyrbye, L.N., T.D. Shanafelt, C.A. Sinsky, P.F. Cipriano, J. Bhatt, A. Ommaya, C.P. West, and D. Meyers. Burnout among health care professionals: A call to explore and address this underrecognized threat to safe, high-quality care. *NAM Perspectives*. Discussion Paper, National Academy of Medicine, Washington, DC. (2017)
- *CIN Connections: Healing the Healers*, features actionable information to tackle provider burnout and promote well-being at health care organizations. It includes an interview with Mickey Trockel, MD, PhD, from Stanford Medicine WellMD Center, who provides seven steps organizations can take to improve provider wellness, in addition to a snapshot of the efforts Kaiser Permanente, the San Francisco Health Network, and Sharp Community Medical Group are making to tackle burnout. <https://www.chcf.org/publication/cin-connections-spring-2018-healing-healers/>

For information related to the costs of IPV to the health care system, see:
<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html/>




<https://www.albertafamilywellness.org/resources/video/brains-journey-to-resilience>

Slide 22



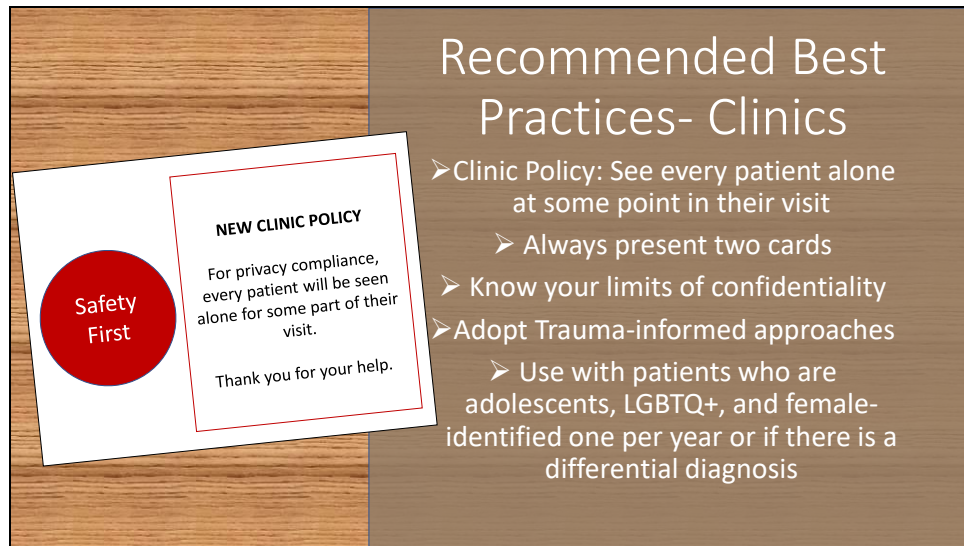
Shifting from Disclosure-driven practice to a universal education approach

<https://youtu.be/gZnC5R5dSgc>



Introducing CUES in clinical settings

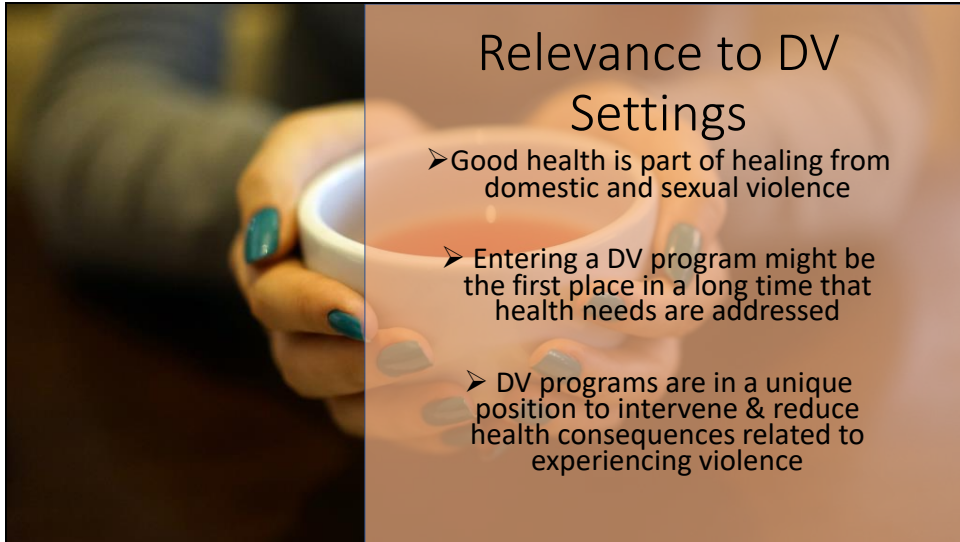
- C:** Confidentiality
- U:** Universal Education
- E:** Empowerment
- S:** Support and Warm Referral



Recommended Best Practices- Clinics


- Clinic Policy: See every patient alone at some point in their visit
 - Always present two cards
- Know your limits of confidentiality
- Adopt Trauma-informed approaches
 - Use with patients who are adolescents, LGBTQ+, and female-identified one per year or if there is a differential diagnosis

[Handout on trauma informed principles]

A photograph of a person's hands holding a white mug filled with a pink liquid. The person has teal-colored nail polish. The image is partially obscured by a semi-transparent brown overlay containing text and a bulleted list.

Relevance to DV Settings


- Good health is part of healing from domestic and sexual violence
- Entering a DV program might be the first place in a long time that health needs are addressed
- DV programs are in a unique position to intervene & reduce health consequences related to experiencing violence



Recommended Best Practices (DV Agencies)

- Allow OTC medication in shelter
- Don't decline services for those with substance use disorders
- Allow clients to keep their phones and offer education about how to turn off tracking devices (GPS).

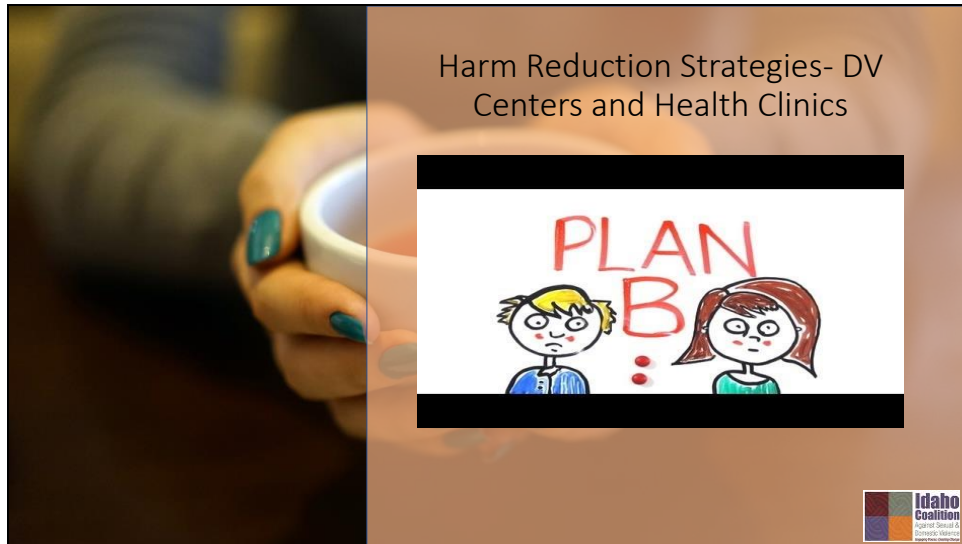
- The Substance Abuse and Mental Health Services Administration is a branch of the U.S. Department of Health and Human Services. For more on their trauma informed practice analysis see: <https://www.samhsa.gov/nctic/trauma-interventions>

A close-up photograph of a person's hands holding a white ceramic cup. The person has teal-colored nail polish. The background is blurred, showing what appears to be a person's face in profile.

Form Language

Update forms and consider language:

- To be person centered: “a person living with a developmental disability” rather than “disabled person”
- Inclusive of all clients: transgender and other gender non-conforming persons
- Sexual partner(s) of different sexual orientations or gender identity



www.youtube.com/watch?v=7VoZr9vHeMo


Notes to Trainer: Share: “We are now going to watch a short video about EC - emergency contraception, or “Plan B”. EC works similarly to birth control pills...it inhibits ovulation of the egg and sperm and stops them from meeting. Let’s watch and learn more...”

Video: (2 minutes 46 seconds) <https://www.youtube.com/watch?v=7VoZr9vHeMo>



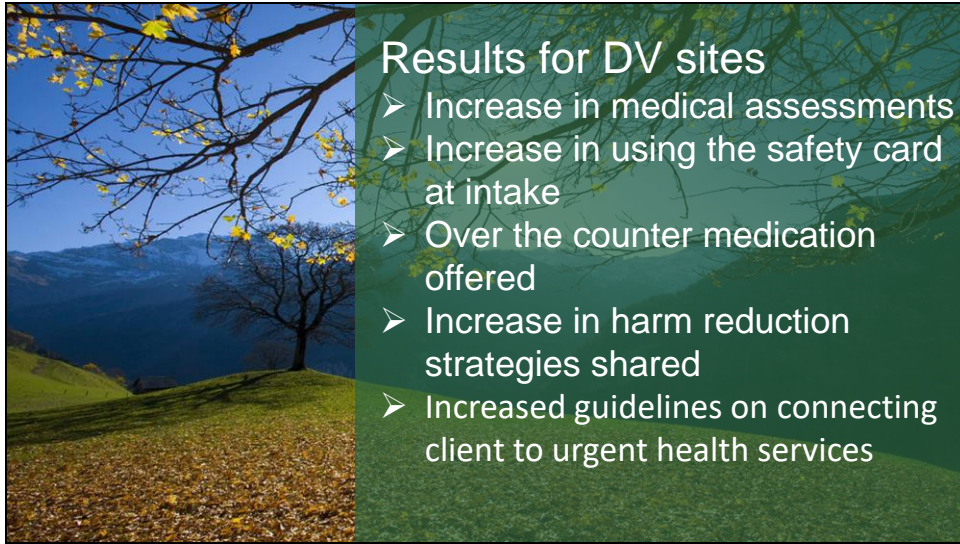
Results for Health Sites

- Increase in discussing resources available to patients including hotlines to stay safe in an unhealthy or abusive relationship
- Increase in addressing depression or suicidality
- Increase in harm reduction strategies offered
- Referral to a victim services agency provided
- Increase in referrals and resources that are specifically relevant to their community's underserved population(s)?



Continued: Results for Health Sites

- Increase in developing a policy to ensure that each patient is seen alone for at least a portion of the visit to talk about violence
 - Increase in universal education
 - Assessment occurs in a private place
 - Safety card discussed
- Increase in adapting materials to be more culturally relevant to their patient population?



Results for DV sites

- Increase in medical assessments
- Increase in using the safety card at intake
- Over the counter medication offered
- Increase in harm reduction strategies shared
- Increased guidelines on connecting client to urgent health services



Continued: Results for DV sites

- Developed protocol for obtaining emergency contraception for client
- Increase referrals/resources to medical referrals
- Increase in offering reproductive health services on site



Next Steps


- Sustainable Funding
- Online learning modules
- Community paramedic and EMT programs

Sustainable Funding

- Title X
- HIV/STD Funding
- Community Paramedic/EMT Programs
- Community Health Worker Programs

June 6, 2019

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Reflections from
Today

- Outstanding questions?
- What stood out?

