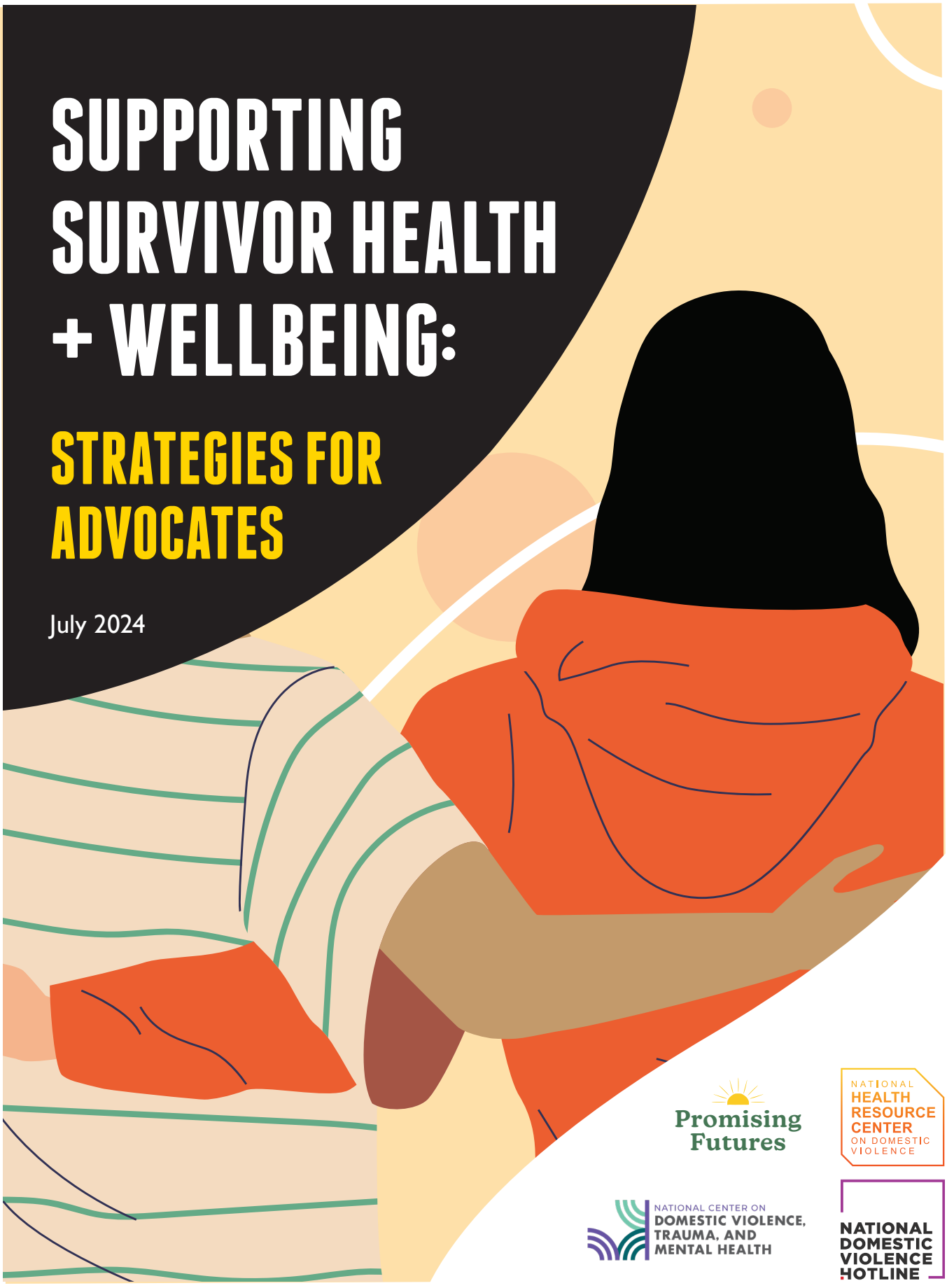
SUPPORTING SURVIVOR HEALTH + WELLBEING:

STRATEGIES FOR ADVOCATES

July 2024



Promising Futures

NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE

NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA, AND MENTAL HEALTH

NATIONAL DOMESTIC VIOLENCE HOTLINE

This resource is a result of lessons learned from the Survivor Health Connections Project, which was a two-year learning community of domestic and sexual violence advocates offering shared lessons on how to better support survivor health and wellbeing during and after public health emergencies. Developed in collaboration with National Health Resource Center on Domestic Violence at Futures Without Violence, National Center for Domestic Violence, Trauma, and Mental Health, The National Domestic Violence Hotline, and Promising Futures: Specialized Services for Abused Parents and their Children. This publication is supported by Granst #90EV052901, #90EV0542-01-00, Grant #90EV0515-01-00 from the U.S. Department of Health and Human Services, Administration for Children and Families, Family and Youth Services Bureau. Points of view in this document are those of the authors and contributors and do not necessarily reflect the official positions or policies of the U.S. Department of Health and Human Services.

Compiled by Kate Vander Tuig, MPH, Kelli McIntyre, MA, MPH, Amanda Lyon, MSW

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SECTION 1: HEALTH AS A CORE VALUE OF DOMESTIC & SEXUAL VIOLENCE ADVOCACY PROGRAMS:

The Role of Advocates in Promoting Well-Being, Health Access

Healthcare access is a universal need and an important part of safety for survivors. Not only do domestic and sexual violence (DSV) have immense impacts on survivors' health, but many survivors are often kept from accessing health services or not able to prioritize their own health because of the abuse. DSV advocates have an opportunity to support the health and wellness of survivors, and are uniquely positioned to do so in many ways:

- Coming to a DSV program may be the first time that a survivor is able to focus on their own health needs.
- DSV programs have a holistic approach to support that recognizes that safety looks different for every survivor, and that wellness is an important part of safety.
- Advocates have the opportunity to offer time-sensitive health interventions, such as COVID-19 testing after exposure and emergency contraception to prevent pregnancy.
- Advocates can be members of the healthcare team, acting as liaisons with health providers to support survivors who may be intimidated by or distrustful of the medical system.
- Promoting health at a DSV organization can encourage a culture of wellness to flourish, not just for clients, but for staff as well.

DSV advocates know that safety and safety planning are much more complex than reducing risk of violence from an abusive partner. People who abuse use physical, emotional, and sexual abuse to gain and maintain power and control, inherently diminishing the choice and autonomy of the survivor. The work of DSV advocates is to support survivors in regaining self-determination and autonomy. Safety for survivors means that, not only is there no more violence, but meeting material needs and well-being. Therefore, safety planning, by definition, affirms and works towards the conditions that create well-being: social and spiritual connection, economic security, a safe and affordable place to live, and access to trauma-informed health care for survivors and their families (Washington Coalition: Safer Planning).

Safety planning is a process that occurs between survivors, advocates, and supportive networks. When envisioning this process happening on a larger scale, we can think of what conditions would need to be in place for whole communities to be healthy, connected, and safe. A frame for this approach is Health Equity. A public health approach and health equity framework requires us to look at what creates the conditions for well-being at all levels of our society. This resource is focused on what individual advocates and advocacy organizations can do to support the health and well-being of survivors, but will, throughout and particularly in section 6, name systemic changes that the anti-violence movement can advocate for in order to prevent violence and create well-being for survivors, their families, and their co[illegible]

Health Equity as our North Star

Health equity means that individuals and communities have equitable access to the things necessary for well-being and self-determination, such that no one's health outcomes are the result of interpersonal or structural oppression.

Health equity requires:

- Centering historical marginalized, exploited, and oppressed communities
- A public health approach to violence prevention
- Focus on structural and systems change, not individual behavior change

This is a guiding framework for the National Health Resource Center on Domestic Violence. Learn more about our core values.

» Public Health Approach to Violence Prevention

How Violence Impacts Health

Survivors seeking support at DSV programs likely have unaddressed health needs due to the significant negative impacts that violence has on health and well-being. In addition to injuries, abuse is associated with a range of health problems, including chronic pain, gastrointestinal problems, and reproductive health issues.[1,2,3] Survivors of intimate partner violence were more likely to have chronic health conditions such as chronic pain, diabetes, arthritis, and asthma, as well as functional problems carrying out daily activities.[4,2] Many of these health issues are associated with experiencing sustained toxic stress to the nervous systems that causes inflammation in the body.

Survivors who have been strangled, suffocated, or have suffered injuries to the head or face report headaches, gastrointestinal issues, dizziness, confusion and cognitive issues, depression, changes in mood, and insomnia, for weeks, months, and even years after the violence occurred.[5]

Research has also highlighted the negative impact of domestic and sexual violence on sexual, reproductive, and maternal health. Women who experienced domestic violence were more likely to report reproductive health problems such as irregular menstrual cycles, vaginal bleeding, and sexually transmitted infections.[6] Additionally, domestic and sexual violence can lead to unintended pregnancies, as survivors may not have control over their own reproductive choices and access to contraception[7] : women who have experienced domestic and sexual violence are more like to have unintended pregnancies.[8] Homicide is the leading cause of death for pregnant women in the US, many at the hands of an intimate partner.[9]

Moreover, survivors are more vulnerable to HIV, as forced sex and sexual coercion can increase the risk of contracting the virus.[10] Thus, it is crucial to address and prevent domestic violence to ensure the sexual and reproductive health of survivors.

Survivors of partner violence were more likely to have inadequate prenatal care and were

at higher risk for adverse maternal outcomes, including gestational diabetes, pre-eclampsia, and cesarean delivery.[11,12] Another study found that partner violence experienced during pregnancy was associated with higher rates of postpartum depression, and infants with increased risk for low birth weight and admission to the neonatal intensive care unit.[13] Because of systemic racism and colonization, Black and Indigenous women face the greatest risks at the intersections of partner violence and childbearing. [14,15]

People who had experienced domestic violence as children were at increased risk of developing chronic health conditions such as diabetes and heart disease.[16] The study also found that childhood exposure to domestic violence was associated with an increased risk of mental health problems such as depression and anxiety in adulthood.

These forms of violence can also have profound mental health consequences, including depression, anxiety, post-traumatic stress disorder (PTSD), and substance use issues.[1, 2, 17] Research suggests that women who experienced partner violence were more likely to have suicidal thoughts and attempts.[18]

High rates of domestic violence are reported among women seeking mental health and substance use disorder treatment. In mental health treatment, 30-60% of women report victimization by an intimate partner, and in substance use disorder treatment, 47-90% of women report experiencing domestic violence in their lifetime.[19]

Studies of domestic violence survivors with mental health and substance use needs have focused mainly on cisgender women. Data on survivors who are transgender and gender non-conforming/non-binary, as well as data on survivors who are cisgender men are less available.

Cisgender men entering substance use treatment report higher rates of IPV victimization in comparison to men in the general population.[20] The mental health consequences of IPV victimization in cisgender men include a diminished sense of self-worth, suicidal ideation, PTSD, and anxiety. Connections between IPV victimization and anxiety were also found for gay, bisexual, and transgender men.[21] Transgender

individuals who experience abuse from an intimate partner report worsened sexual health, mental health, and substance use disorder outcomes, pointing to IPV as a factor that worsens health disparities.[22]

The negative health impacts are not limited to the immediate impact of abuse. As a result of abuse, survivors experience financial hardship, including loss of employment and reduced earning potential as a result of the abuse[23], food insecurity[24] , housing insecurity, and more. All of which can have significant impacts on health. Isolation from friends, family, and other supports due to the COVID-19 pandemic exacerbated the impacts of abuse on survivors' physical and mental health.[25] Furthermore, survivors with intersecting and historically marginalized and exploited identities may also be suffering from the health impacts of structural oppression, harmful systems, discrimination, and inequitable healthcare access that are compounding.

Domestic and sexual violence have a range of negative health impacts, including physical and mental health problems, adverse pregnancy outcomes, and chronic health conditions. These impacts can be long-lasting and affect not only the survivors but also their families and the wider community. Not only does experiencing violence have a negative impact on survivors' health, but, often because of stigma, their partner's controlling behavior, and/or other considerable barriers, survivors are actually less likely to seek and obtain medical care when they need it. Survivors may be suffering the long term health impacts of abuse in previous relationships, even when they are no longer in a relationship with the person who hurt them.

Control, Coercion, and Access to Care

Research has shown that abusive partners will restrict survivors from even accessing healthcare: surveys done by the National Domestic Violence Hotline found that 53% of callers reported that their partner had controlled or restricted their access to healthcare,[26] 23% had partners who pressured them to become pregnant, and 37% had experienced birth control sabotage from their partner.[27] Abused pregnant women are significantly more likely to miss prenatal visits compared to their non-abused counterparts.[28] Likewise, a systematic review found that IPV survivors who are living with HIV were significantly less likely to be able to seek HIV testing, act on linkage to HIV care, stay engaged with HIV care, initiate and be able to adhere to HIV anti-retroviral treatment, and ultimately achieve undetectable viral load.[29]

Domestic violence commonly targets mental health and substance use. Mental health and substance use coercion include tactics to undermine a partner's sanity or sobriety, control their medication or treatment, sabotage recovery efforts, and limit access to treatment or support. In a survey of 2,546 callers to the National Domestic Violence Hotline, 89% of callers had experienced mental health coercion, and 43% had experienced substance use coercion. [30] While DSV is not caused by a person's mental health or substance use, the issues are related in that people who struggle with mental health or substance use are more vulnerable to DSV and people who experience DSV are, for a variety of reasons, more likely to struggle with their mental health and/or substance use. An abusive partner will take advantage of these dynamics and use them to further coerce their partner.

In addition to physical and sexual violence, abusive partners control and shame survivors about their health, well-being, and bodies in several different ways, including but not limited to:

Medical and Health Abuse and Coercion	• Restricting a survivor's access to their healthcare provider • Insisting on being present for healthcare appointments • Sabotaging a survivor's care plan, medication regimen, or health insurance • Criticizing or gaslighting a survivor for their health conditions. • Refusing to pay for needed medical care • Doing things that keep a survivor sick or unwell, to make them more reliant on abusive partner
Reproductive + Sexual Coercion and Pregnancy Abuse	• Pregnancy pressure: Force, intimidate, or manipulate a survivor to become pregnant, carry to term, or terminate a pregnancy • Birth control sabotage: Poking holes in condoms, throwing away birth control pills, pulling out IUDs, removing condom during sex • Pregnancy abuse: Restricting access to pre- and perinatal visits, and creating an environment in which survivors feel unsafe having or raising a child • Sexual coercion: Pressuring or nagging someone to have sex or do something sexual they don't want to do, threatening STI disclosure • Inflict violence that causes their partner to miscarry or deliver the pregnancy prematurely » Violence and Reproductive Health

Disability Coercion, Abuse and Stigma	• Shaming a survivor for their disability • Refusing to provide care, meet access needs, help with daily tasks • Targeting people with disabilities to control or assault • Isolating a disabled survivor from their support network • Harming or disrespecting access and mobility device, service animal • Controlling access to finances or social disability checks
Mental Health Coercion	• Undermining a survivor's sanity; gaslighting • Provoking, threatening, or forcing unnecessary commitment • Interrupting healthy routines • Interfering with mental health care: controlling medications, diagnosis, or overall engagement • Using stigma to isolate, discredit, or threaten • Blaming abuse and control on mental health • Suggesting that you have symptoms because you are not spiritual enough or that you have some kind of evil in you that is causing the symptoms » What is Mental Health and Substance Use Coercion? » Mental Health and Substance Use Coercion Surveys: Report from the National Center on Domestic Violence, Trauma, and Mental Health and the National Domestic Violence Hotline

Substance Use Coercion	• Introduction to or escalation of substance use • Forced use or withdrawal • Self-medication to cope • Sabotaging treatment access or recovery efforts • Using stigma to isolate, threaten, or discredit • Blaming abuse on use » Substance Use Coercion, Opioids, and Domestic Violence
HIV Coercion, Abuse, and Stigma	• Threatening to out a survivor's HIV status • Shaming the survivor about their HIV status • Sabotaging a survivor's HIV medication, PrEP, or care plan • Blaming survivor for abuser's own HIV status » HIV Power and Control Wheel
Gender Affirming Care Coercion and Stigma	• Restricting access to gender-affirming care • Criticizing or gaslighting a survivor about transitioning or being trans • Sabotaging hormone replacement therapy • Restricting access to information about gender identity and gender affirming care

Anti-Fatness, Body Shaming and Control	• Criticizing a survivor about their body or the food they are eating • Controlling, coercing, or manipulating a survivor in regards to their body size, eating, or health conditions • Targeting a person because of their body size
Pandemic and Vaccine Coercion and Misinformation	• Restricting access to information about pandemic-related risk reduction, vaccines • Gaslighting survivors for taking risk-reduction steps • Spreading health mis-information as a means to control or coerce a survivor

What other ways have you seen abusive partners restrict access to healthcare, control healthcare decisions, or make a survivor feel bad about their body or health? Survivors may find many of these forms of abuse replicated in the healthcare system, particularly for survivors with marginalized or historically exploited identities, such as:

- Providers not believing survivors about their trauma,
- Providers that try to "diagnose and treat" by over-focusing on identifying victims, or recommending things like leaving the abuser or couples counseling,
- Medical racism, bias, anti-fatness, and discrimination,
- Stigma from health providers about surviving violence, drug use, sex work, parenting practices outside of white dominant culture,
- Inaccessible, non-inclusive healthcare spaces,
- Lack of language access in healthcare settings.

Being aware of these forms of abuse and barriers to care is crucial for DSV advocates to be able to partner with healthcare settings, address barriers, and support survivor well-being.

SECTION 2: CREATING A CULTURE OF WELL-BEING IN DOMESTIC & SEXUAL VIOLENCE ADVOCACY PROGRAMS

Domestic and sexual violence advocacy programs can be a source of connection, safety, and well-being for survivors and communities. While it's important to understand the impact trauma has on survivors of DSV, to facilitate healing, advocacy programs must also be focused on wellbeing. In addition to asking "What happened to you?," advocates can also ask, "What matters to you?" DSV programs that are committed to a culture of well-being prioritize care, empowerment, healing, and safety not only for survivors, but also their children, and for program staff. This commitment is reflected in the organization's environment, program design, and staff or employment policies.

Minimizing Rules and Barriers to Safety in DSV Advocacy Programs

Because DSV is rooted in power and control, empowerment and self-determination are keys to safety and healing for survivors of violence. In order to support long-term healing, DSV advocacy programs work to support survivor's autonomy, ability to make

informed decisions, and sense of self-worth and love. Support is achieved not only through the services that are provided to survivors, but how the services are provided. This is especially important for ensuring access for survivors who have stigmatized identities, health conditions, and lived experiences. Many DSV advocacy programs have moved towards voluntary services and low-barrier or low-rules programs set up so that survivors can access care without the same patterns of power and coercion being replicated in their experiences. Some strategies for reducing rules in DSV programs are:

- Apartment style shelter spaces with individual kitchens, bathrooms, and keyed entries,
- Hired cooks and cleaning staff,
- Nighttime security with no curfews for residents,
- Ample space for children to play,
- Services and group activities are offered as options, not requirements,
- Provide residents with lock boxes or hotel-style safes to store medication.

Key Resources:

» Running a Shelter with Minimal Rules | WSCADV

» How the Earth Didn't Fly Into the Sun: Missouri's Project to Reduce Rules in Domestic Violence Shelters | MCADSV

» Safe, Accessible Housing for Survivors: The Low-Barrier Approach | Safe Housing Partnerships

» Building Dignity: Design Strategies for Domestic Violence Shelter | WSCADV

Ensuring Access and Inclusion

DSV advocates are uniquely positioned to understand the complex oppressions of survivors who are living with a disability and are experiencing coercion, abuse or violence. If services are not intentionally inclusive, they are unintentionally exclusive. Not only is robust access a legal requirement, but when DSV advocacy programs are welcoming to survivors who have been marginalized because of their disability, sexuality, the language they speak, body size, it increases access and safety for all survivors. Increasing accessibility improves the effectiveness of your programs, and creates better workplaces for staff.

Key Resources:

- Why should advocates and preventionists incorporate Disability Justice into their work? | VAWnet
- Promising Practices for Serving Domestic Violence Survivors with Disabilities | End Abuse Against People with Disabilities
- 10 Vital Ways to Support Fat Students on Campus
- Supporting Deaf and DeafBlind Survivors | Vera Institute
- Language Access, Interpretation and Translation Tools | API-GBV
- Language Access Planning Tool | Esperanza United
- Providing Meaningful Language Access | VAWnet
- LGBTQIA+ Resources for Organizations | Anti-Violence Project
- National LGBTQ Institute on IPV Resource Library

A Whole-Family Approach

When survivors seek care and safety through DSV programs, they are often coming with the needs and priorities of the whole family. Because DSV affects more than just the individual survivor, DSV programs have invested in programming and approaches that are supportive to parents, children, people who are using violence, and extended family.

DSV programs with a special focus on serving children who are exposed to violence are taking steps to ensure that their programs are set up for the needs of children and young people.

Key Resources:

- The Guiding Principles to Improve Outcomes for Children, Youth, and Parents Impacted by Family Violence | Promising Futures
- Family-Centered Toolkit for Domestic Violence Programs | NCDVTMH
- Child Friendly Domestic Violence Shelters | Promising Futures
- Protective Factors and Resilience | Promising Futures
- Program Design | Promising Futures

Supporting children in DSV programs means having specific offerings in place to support parents as well. This might look like family friendly program design, flexible housing options, resources for parents who are using violence, and practices to reduce harm when making mandated reports. It is important that advocates know what falls under the definition of child abuse/neglect in their state, are clear about their specific reporting obligations, are able to explain a survivor's rights during a child welfare investigation, and supporting the survivor through the process by advocating on a survivor's behalf with child welfare systems.

Key Resources:

- PIVOT Towards Promising Futures: Supporting Parents
- Bridges to Better
- Abusive Partner Accountability and Engagement | Center for Court Innovation
- Mandatory Reporting | Promising Futures
- Tipsheet: Advocating at Complex Intersections: Domestic Violence, Substance Use Coercion, and Child Protective Services | NCDVTMH
- Making a Mandatory Child Abuse Report (*Washington state specific laws*) | WSCADV

Well-Being of Staff is a Part of The Mission

DSV programs that include the safety, security, and wellbeing of their staff as a part of their mission are adopting a culture of well-being that benefits everyone. It is not enough to acknowledge that many working in the anti-violence movement are also survivors. When staff members feel valued and taken care of, they are more likely to be engaged and supported in their work. This, in turn, leads to better outcomes for clients and staff. Additionally, a focus on worker well-being helps build trust and credibility within the community, allowing more survivors to seek help and stronger collaborations with other community-based programs. These strategies could include ensuring thriving wages and benefits, eliminating oppressive policies and dynamics that impact Black, Indigenous advocates, advocates of color and other marginalized identities, equitable and transparent pay and decision making processes, robust leave policies, employee development opportunities, pathways for career development.

Key Resources:

- Tools for Transformation: Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations — An Organizational Reflection Toolkit
- Implementation Support Guide 1: The Social, Emotional, and Relational Climate and Organizational Trauma
- Implementation Support Guide 2: Supporting Change Leadership
- Creating Trauma-Informed Services and Organizations: An Integrated Approach
- Care for Liberation: Promoting Resilience For DV Advocates
- Voices from Our Movement: Ending racism and oppression as the heart of our anti-violence movement
- Workplaces Respond Toolkit
- #1Thing to #Care4Advocates Mind, Body, and Soul | NRCDV
- What Will History Say About You & Your Organization? | NRCDV

ACRTI Organizations

"Investing in staff and their development is a critical part of creating an accessible, culturally responsive, and trauma-informed (ACRTI) organization. This investment involves creating an organizational culture that honors strength and resilience; attends to disparities related to power, privilege, and oppression; and respects and values staff and their work. It also means recognizing and attending to the impact of trauma on staff and organizations, including the impact of secondary trauma and ongoing oppression. An ACRTI organization provides the support staff need to be present, open, and connected in their interactions with survivors who have many cultural and ethnic identities, and many types of abilities in respectful and collaborative ways"- Tools for Transformation Toolkit [31]

SECTION 3: HEALTH PROMOTION STRATEGIES

DSV advocates have a unique opportunity to promote health and wellbeing on site through specific accommodations and programming.

Health + Wellbeing Promotion	Strategies and Key Resources
Addressing Acute Health Needs	**Health Needs at Program Intake:** Incorporating discussions about health into domestic violence (DSV) program intake procedures ensures that clients can get support around health issues and that wellness is a central part of healing and safety. As opposed to assessment or screening approaches, providing health education to all clients during intake allows survivors to get all of the information they need to make informed health decisions when seeking services. It is also important for advocates to support survivors in getting care for any present or lingering injuries, particularly for "invisible injuries" that survivors may not know can be serious such as strangulation and brain injury. » Integrating Health and Wellness into Domestic Violence Advocacy Program Intake

Addressing Acute Health Needs (continued)	**Onsite Medicine Cabinet:** In addition to first aid supplies, budgeting for, stocking, and storing commonly used over the counter medication (ibuprofen, acetaminophen, emergency contraception, anti-histamines, and glucose tablets, stock heat/cold packs for aching muscles, diabetes test strips, etc.) in an accessible area, such as a common bathroom, allow clients to be able to access what they need for themselves and their family to feel better if they are sick or hurt. Some programs also stock healing teas, sleep aids, and other forms non-western medicine. » Making over the counter medication available | WSCADV **Medication Access and Storage:** Providing accommodations for medication storage, such as a locker or in-room mini-fridge, allow survivors to keep medication on site without interference from partners. Some pharmacies will deliver for free and will set up an account so that they can bill your organization directly. Some private foundations funding support medical supplies and prescriptions that can be used to cover these costs. » Model Medication Policy for DV Shelters | NCTDVMH » Guide for Medication Storage and Access | NNEDV » Medical Marijuana Considerations for Domestic Violence Shelters | Violence Free Colorado

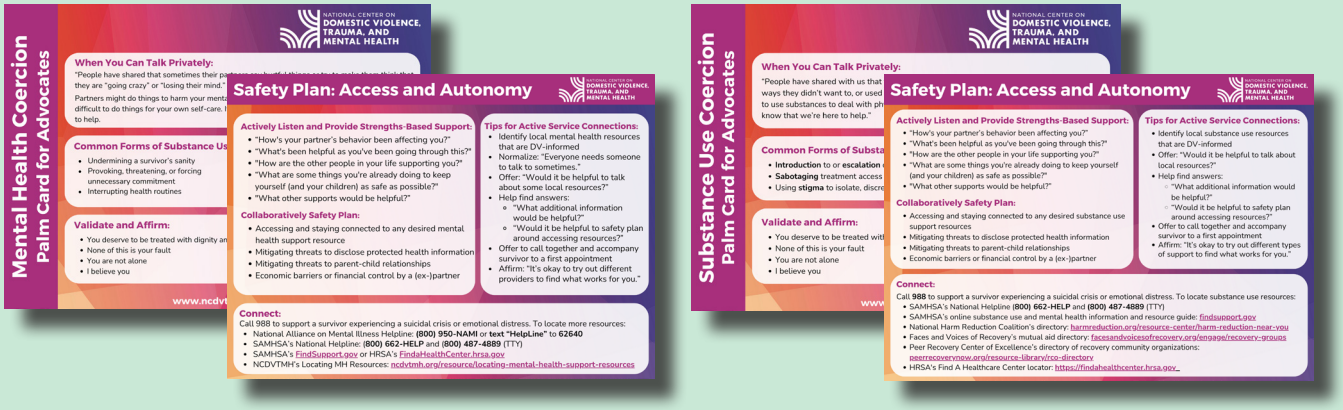
Medical Advocacy	**Supporting Survivors Access to Healthcare Services:** Advocates have an important role to play in ensuring that survivors can safely access healthcare and healing services. Strategies around medical advocacy can include: • Health coverage enrollment (see section "Addressing Financial Barriers"); • Assistance with finding medical, mental health, dental, and vision providers and making appointments; • Advocate for high quality interpretation and language access in medical settings; • Healthcare visit accompaniment; • Know your state's medical mandated reporting requirements for healthcare providers and inform survivors about these requirements and their rights; • Safety planning for healthcare visits to promote privacy and reduce retraumatization; » Healing The Body: Exploring Comprehensive Medical Advocacy » OFVPS Medical Advocacy Information Memorandum and FUTURES Guidance » Supporting Patients Experiencing Intimate Partner Violence: Opportunities for Oral Health Providers

Reproductive + Sexual Health	**Creating Reproductive + Sexual Health Positive Environments:** Getting comfortable sharing about reproductive health and coercion is important, especially when survivors have had restricted access to information, resources, and options. Strategies could include: • Stocking condoms, lube, emergency contraception, and pregnancy tests in a place where clients don't have to ask to access them; • Providing information about reproductive and sexual coercion at intake; • Offering pregnancy options counseling. Contact local Title X family planning programs for information on reproductive health services and pregnancy options training to provide education for staff. Staff should be able to identify family planning programs from crisis pregnancy centers, which do not offer the full array of available options; • Provide education on Sexually Transmitted Infections in the context of DSV, reproductive coercion, and safety planning around sexual health, including how to provide access to PEP and PrEP; • Having resources on reclaiming sexuality and healing after experiencing sexual trauma available for staff and clients; • Ensure staff understand your state's laws around reproductive health access, abortion, birth control, and emergency contraception.

Reproductive + Sexual Health (continued)	» FUTURES Reproductive and Sexual Health Resources » Redefining Safety Planning in the Context of Reproductive Coercion: Integrating Assessment for Emergency Contraception Within Domestic Violence Shelter and Advocacy Programs Webinar » Sex, Pleasure, Choice Safety Card » Kink Is Not Abuse Training | The Network/La Red » Know Your Rights: Reproductive Health Care » Reproductive Justice & Violence Against Women: Understanding the Intersections » The Intersections Between Intimate Partner Violence and HIV/AIDS | NRCDV » Sexual Violence in the Lives of African American Women: Risk, Response, and Resilience | NRCDV » Emergency Contraception: A Tool for Advocates

Behavioral Health: Mental Health and Substance Use	**Provide Meaningful Support for Survivors Experiencing Traumatic Mental Health or Substance Use Effects of Abuse:** Mental health or substance use challenges increase the risk for an individual to be controlled by an intimate partner. Control tactics are facilitated by stigma around mental health and substance use. Unsafe partners often target a survivor's attempts to seek help for mental health or substance use. Too often, survivors are being wrongly screened out of DV programs because of mental health/substance use concerns, or are told they must engage in mental health/substance use services as part of accessing DV programs. These types of service limitations and requirements violate federal voluntary services guidelines and increase danger for survivors and their families. Strategies to increase access to services and support survivor safety could include: • Only ask for the minimum amount of information required to establish a need for DV services; • Make information and resources about support for mental health and substance use available without requiring self-disclosure or engagement with those resources; • Clearly communicate any limits to confidentiality or mandated reporting requirements; • Create space for survivors to have safe conversations about mental health and substance use after they have been accepted into services; • Actively listen to survivors and provide strengths-based support, including offering potential resources upon request or with their permission. » What is Mental Health and Substance Use Coercion? | NCDVTMH » Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence: A Toolkit | NCDVTMH

Behavioral Health: Mental Health and Substance Use (continued)	**Supporting Survivor Mental Health:** Additional strategies for mental and emotional well-being could include: • Support a survivor's choice to engage with or not engage with mental health support or take medications for mental health; • Safety plan with survivors who wish to engage with therapy to have safe access and stay connected to services; • Become familiar with trauma-informed and culturally-specific mental health resources that reflect the diverse needs of your community; • Develop collaborative relationships and cross-training with mental health providers in your area. » Training Series: Trauma-Informed Responses to Emotional Distress and Crisis | NCDVTMH » Tipsheet: Locating Mental Health Resources | NCDVTMH » Tipsheet: Collaborating with Mental Health Resources | NCDVTMH » Mental Health Treatment in the Context of Intimate Partner Violence | NCDVTMH » Do I Want to See a Therapist? A Reflection Tool for Survivors Seeking Mental Health Support | NCDVTMH » Supporting a Survivor Trying Out a New Mental Health or Substance Use Resource | NCDVTMH » Just Breathe A Guide to Wellness for Survivors | Ohio Domestic Violence Network



Mental Health and Substance Use Coercion Palm Cards for Advocates from the National Center on Domestic Violence, Trauma and Mental Health

Behavioral Health: Mental Health and Substance Use (continued)	**Normalizing Support:** It is crucial for advocates to offer information that normalizes the mental health effects of abuse and provide opportunities for safe conversations about mental health, substance use, and coercion. For example: • *"We know that abuse can affect our emotional well-being and mental health. Many survivors experience….."* • *"People have shared with us that their (ex)partner pressured them to use substances, use in ways they didn't want to, or used their substance use as a way to control them. If you can relate to any of this, know we're here to help."* • *"People have shared that sometimes their partners say hurtful things or try to make them think that they are 'going crazy' or 'losing their mind.' Partners might do things to harm mental health, interfere with mental health care, or make it difficult to do things for your own self-care. If you can relate to any of this, know that we are here to help."* • *"If you are experiencing any mental health concerns and want help, there are a number of options we can offer, including access to therapy, mind-body practices, and peer support."*

Behavioral Health: Mental Health and Substance Use (continued)	Routinely talk with survivors about what helps to support their emotional well-being before a crisis occurs as part of developing an emotional support plan. For example: • *"What are some things that help you to stay the most grounded, calm, and clear-headed, particularly when you are under stress or in an unfamiliar environment?"* • *"Are there things we can do to support you?"* • *"Are there things you do not want us to do in supporting you?"* Resources for supportive conversations with survivors about behavioral health and coercion: » Guide for Emotional Support | NCDVTMH

Behavioral Health: Mental Health and Substance Use (continued)	**Creating Safe and Accessible Services:** There are many reasons why people use substances. Substance use may be a way to cope with the effects of abuse, use may be forced through coercion, or connected to other patterns of control. After acceptance into services, provide opportunities for safe conversations about substance use. Additional strategies for increasing access to services could include: • Do not require drug testing and ensure that a survivor's substance use does not impact their ability to receive services, in accordance with federal regulations that emphasize that all services are voluntary and prohibit substance use screenings to receive services; • Become familiar with peer-led mutual aid or support groups and recovery organizations that honor the diversity of recovery goals including safer use, medication-assisted recovery, and abstinence from substances; • Help survivors develop an overdose prevention safety plan and access naloxone, the opioid overdose antidote; • Provide harm reduction materials such as sharps containers in bathrooms, naloxone (the opioid overdose antidote), fentanyl and/or xylazine testing strips, and access to medication-assisted recovery resources in your community; • Learn how to recognize a potential overdose and help reverse it, including how to use naloxone, the opioid overdose antidote; • Connect with harm reduction programs and organizations in your area for access to naloxone and safer use materials.

Behavioral Health: Mental Health and Substance Use (continued)	**Resources from The National Center on Domestic Violence, Trauma and Mental Health:** » Committed to Safety for ALL Survivors: Guidance for Domestic Violence Programs on Supporting Survivors Who Use Substances » Training Series: Domestic Violence, Trauma, and Substance Use » Tipsheet: Locating Substance Use Resources » Tipsheet: Collaborating with Substance Use Resources » 7 Common Practices in Substance Use Disorder Care That Can Hurt Survivors and What You Can Do Instead » Tipsheet: Advocating at Complex Intersections: Domestic Violence, Substance Use Coercion, and Child Protective Services » Supporting a Survivor Trying Out a New Mental Health or Substance Use Resource

Support After Brain Injury + Strangulation	**Brain Injury Awareness, Education and Response:** Because so many survivors have been assaulted in the head, neck and/or face, brain injury is extremely common. Most survivors are also unaware that their health and daily lives could be impacted by brain injury. Advocates must be prepared through training and education to incorporate brain injury awareness into their trauma-informed practices and address brain injury with survivors. • Offer education about brain injury and strangulation and its impacts; • Adopt strategies for how advocacy and safety planning will have to shift as a result of brain injury; • Offer enhanced advocacy care e.g. appointment reminders, encouraging rest, etc. as well as accommodations to support survivor engagement and empowerment; • Provide survivors with coping and compensatory strategies and connection to supportive brain injury aware, trauma-informed healthcare services. » Center on Partner Inflicted Brain Injury | Ohio Domestic Violence Network » National Resource Center on Domestic Violence TBI Special Collection | NRCDV

Promoting the Health of Birthing People	**Agency, Comfort, and Celebration:** Ensuring that pregnant and birthing people feel comfortable, particularly while staying at a shelter, may require specific accommodations, resources, which could include: • Supporting birthing survivors to have agency and autonomy throughout their pregnancy by providing opportunities for education, celebration, and planning; • Transportation support for prenatal/postpartum health visits; • Budgeting for items that make pregnant and postpartum people more comfortable, such as body pillows and belly wraps; • Safety planning for pregnancy, labor and delivery, and breast/chest feeding; • Advocacy with employers to ensure adequate parental leave; • Throw a baby shower for each pregnant survivor where community members, churches, or local businesses can donate needed supplies. **Bringing in Expertise:** Advocacy programs can partner with doulas, lactation counselors, community-based midwives, home visitors, and other birth workers to ensure that birthing survivors have access to the services and information they need. Providing access to culturally specific birthing care can be important to ensure that survivors feel taken care of and listened to in ways that best reflect their beliefs and practices.

Promoting the Health of Birthing People (Continued)	» Birth Doula's and Shelter Advocates Creating Partnerships and Building Capacity » Trauma-Informed Birth Support for Survivors of Abuse Webinar | NRCDV » Trauma Informed Pregnancy Safety Planning for Advocates | WSCADV » "Our Communities Hold the Solutions": The Importance of Full-Spectrum Doulas to Reproductive Health and Justice | NRCDV » Black Women's Maternal Health and Intimate Partner Violence Statistics, Opportunities, and Resources

HIV	**Opportunities for HIV Education, Testing, and Care:** DSV advocates can play an important role in overcoming barriers to HIV testing and care for survivors. Some strategies include: • Staff education about HIV, PrEP and PEP, HIV prevention, HIV care navigation, and ending HIV stigma; • Offer onsite HIV testing, information about post and pre-exposure prophylaxis medications for HIV (PEP and PrEP) and how survivors can access; • Offer specific HIV counseling services for survivors who are living with HIV, especially those who are newly positive; • Provide sexual health resources, STI education, and safety planning around sexual coercion and HIV partner notification to program participants; • Partnering with local sexual health and HIV clinics. » NNEDV Positively Safe DV & HIV/AIDS Toolkit » Expanding the Continuum Podcast » FUTURES HIV Testing and Care Resources » Advocates as HIV Testers: Interview with Sojourner House » Enhancing Capacity of of DV Advocates to Discuss PrEP » Linkage to and Retention in Care for Survivors Living with HIV/AIDS | NNEDV

2SLGBTQIA+ Health and Gender Affirming Care	**Supporting Health of Trans and Queer Survivors:** Beyond creating welcoming environments and LGBTQIA+ specific programming at DSV advocacy organizations, advocates have an opportunity to promote the health and wellbeing of trans and queer survivors who may have been restricted from accessing affirming care by an abusive partner. Because gender affirming care is necessary for cisgender and straight people as well, ensuring access benefits all survivors. • Staff education on gender affirming care and gender transitioning; • Partnering with local LGBTQIA+ health organizations or clinics; • Offering transition and gender affirming care specific safety planning to program participants; • Assess policy and practice barriers to affirming care. For example, many programs don't allow survivors to have medications shipped to the program. Figuring out a way to provide survivors with a safe mailing address for medications would increase access and be a great safety measure. » Get The Facts on Gender Affirming Care » Rubric for Responsiveness to LGBTQ Survivors of Intimate Partner Violence | National LGBTQ Institute on IPV » Find an LGBTQ+ Friendly Provider » QueerHealers.com

Public Health Crises	**Creativity, Flexibility, and Adaptation:** DSV programs adapted to be able to provide safety and security during the Covid-19 pandemic in ways that increased access for survivors even outside of a pandemic and will be useful for the next public health crisis. • Implementing functional tele-advocacy systems so that advocates and survivors could connect remotely; • Develop public health crisis procedures that mirror natural disaster procedures; • Ensure advocate wellness and safety is also a priority and there are policies and procedures around how advocates will be supported during this time; • Shifting to apartment-style housing rather than group shelters; • Partnering with local public health agencies and clinics; • Providing onsite testing and mobile visiting vaccination opportunities; • Safety planning around lockdown restrictions; • Develop a social media plan to communicate with the public about the accessibility of services, fundraising/ donations specific to the emergency, and safety planning tips for lockdowns or other emergency responses; • Providing up-to-date public health education while combating misinformation for program participants and staff; • Offering personal protective equipment to staff and program participants; • Identifying and obtaining funding for direct cash support to survivors who had been financially impacted; • Increasing advocate salaries to promote employee retention.

Public Health Crises (Continued)	» Lessons Learned About Survivor-Centered Support During the COVID-19 Pandemic: Recommendations » Preventing & Managing the Spread of COVID-19 Within Domestic Violence Programs| VAWnet » The impact of COVID -19 on domestic violence agency functioning: A case study
Nutrition and Food	**Ensuring Food Access:** Food insecurity is more challenging during certain times of the year when resources are stretched thin, like during school breaks. Additionally, many people experience financial challenges and/or low access to nourishing food retail options or limited product availability, which contribute to persistent food insecurity. Advocates can offer needed resources. Supplemental Nutrition Assistance Program (SNA), Women, Infants , and Children (WIC), The Emergency Food Assistance Program, The School Breakfast, National School Lunch, and Child and Adult Care Food programs are all government-funded programs in which DSV advocates can facilitate food access. Though SNAP does have some eligibility restrictions for non-citizens, WIC does not require proof of citizenship or alien status. Eligible participants can be simultaneously enrolled in multiple programs. Identifying local community-based food relief organizations and sharing their food distribution schedules with survivors could be one of the most important health connections that advocates make. Additional important resources for survivors facing food insecurity are food banks and food pantries. Food banks and food pantries stock donated grocery items, fresh produce, and sometimes even pet food so that families facing hunger can access free food in their communities.

Nutrition and Food (Continued)	» WIC Fact Sheet » Feeding America » Public Benefits Programs and Domestic and Sexual Violence Victims' Economic Security » All State Public Benefits Charts and Interactive Public Benefits Map (2022) » SHARE Food Program and Philabundance **Culturally Relevant and Healing Foods** Food insecurity, like other social inequities, disproportionately impacts Black, Brown, and Indigenous people. Furthermore, food and cooking can be an important part of many survivors' healing, which means that the provision of choices that include culturally relevant food items is especially important to providing a dignified experience for clients. • Ensure that shelter program budgets include ensuring access to culturally relevant foods, ingredients, and food access programs; • Offer space in shelter programs for residents to cook food and eat with others.

Movement and Wellbeing	**Healing Through Movement and Rest:** Access to opportunities for joyful movement and physical activity are critical for positive physical and mental health outcomes for everyone and may offer unique opportunities to improve health for survivors and their children. In addition to healing trauma, there are many benefits of moving more including improved heart and lung health, increased bone density, improvements in strength, flexibility, sleep, mood, and focus to name a few. • DSV programs can provide survivors with onsite opportunities for physical activity like walking groups, on-site dance or yoga classes, and fitness rooms; • Connecting survivors with existing physical activity programs that have centered safety in program design, is another way to support active living for survivors; • Planning a "walking school bus" for kids who may be at shelter programs to get to school; • Offer self-defense, yoga, and other classes to program participants; • Pay for a subscription to a meditation app that survivors can use; • Provide sleep aids, like eye masks and white noise machines, to help survivors be able to have better sleep; • Create opportunities for children to attend supervised activities where their parent does not need to be present, so that the parent can have some time to themselves. *Key resources:* » Safe Routes to Schools » Creating Accessible Physical Activity for Survivors of Family and Gender-Based Violence » Impact Self Defense » We Walk PHL » Gearing Up

Training and Certifications to Support Innovative Onsite Service Models

DSV programs are already providing many more services beyond traditional safety planning and crisis advocacy, some are even investing in programs to train and certify staff in certain health promotion areas:

- Doulas and Lactation Counselors
- Community Health Workers and Promotoras
- HIV Navigators
- Sexual Health Educators
- Mental Health First Aid and Suicide Prevention Counselors

Having staff trained and certified in these areas may increase funding streams and opportunities through medicaid reimbursement. See "Sustaining Partnerships and Advocacy Reimbursement" on page 51.

Healthcare Enrollment

DSV advocates can help survivors navigate the healthcare enrollment process by assisting in completing paperwork, understanding insurance coverage, and gathering necessary documentation. Advocates may work closely with healthcare providers, insurance companies, or social service agencies to facilitate the enrollment process and ensure survivors receive the necessary healthcare services.

Because being a survivor of domestic violence is considered a Qualifying Life Event, survivors can enroll at any time throughout the year, not only during open enrollment.

- Insurance companies are prohibited from denying coverage to victims of domestic violence as a preexisting condition and screening and counseling for domestic violence are benefits that health plans are required to cover.
- Survivors do not need to wait for open enrollment. They qualify for a Special Enrollment Period (SEP) because they are survivors of domestic violence.
- If survivors of domestic violence are not able to enroll in health care, they are eligible for a "hardship exemption" from paying the fee, because domestic violence is considered a qualifying life event.

Key Resources:

- Top 5 Ways That DV/SA Advocates Can Help Survivors Enroll
- Healthcare.gov Enrollment for Survivors of Domestic Violence
- Getting To Know Your Medicaid Department: Questions to Ask
- Promoting Health Access for Survivors During Open Enrollment: an Expanding the Continuum Podcast Short!
- Español: Conozca A Su Departamento De Medicaid: Preguntas Para Hacer

What are Medicaid and Medicare?

It is important that DSV advocates are aware of Medicaid and Medicare because many clients may qualify for healthcare converge under these programs. The U.S. Department of Health and Human Services explains Medicaid and Medicare as:

Medicaid

Medicaid is a joint federal and state program that helps cover medical costs for some people with limited income and resources, including pregnant people and children. The federal government has general rules that all state Medicaid programs must follow, but each state runs its own program. This means eligibility requirements and benefits can vary from state to state.

Medicare

Medicare is federal health insurance for people 65 or older, and some people under 65 with certain disabilities or conditions. A federal agency called the Centers for Medicare & Medicaid Services runs Medicare. Because it's a federal program, Medicare has set standards for costs and coverage. This means a person's Medicare coverage will be the same no matter what state they live in.

- What is the Medicaid Program?
- Medicaid State Facts: Institute on Medicaid Innovation

Addressing Financial Barriers: Medical Debt

Often the most significant barriers to quality healthcare for survivors is the cost. The Kaiser Family Foundation Health Care Debt Survey found that in 2022, four in 10 adults had debt due to medical or dental bills. Black and Latino adults faced medical debt at even higher rates, with nearly half of Black and half of Latino adults reporting they had medical or dental debt. One in seven people surveyed said that they had been denied access to a hospital, doctor, or other provider because of unpaid bills. But medical debt does not just impact those who do not have health insurance. While the survey found that more people without health insurance reported having medical debt, four in ten adults with health insurance also reported having medical debt. Medical debt can be especially challenging for survivors who may already have difficulty accessing healthcare or who may already be experiencing financial abuse. In addition to healthcare enrollment, advocates can take several steps to help survivors access relief for medical debt by connecting them to programs that may help pay medical bills:

- **Charity Care:** Many hospitals offer financial assistance and/or charitable patient advocate programs, often called "charity care" programs, that provide free or discounted health services to patients who meet the hospital's eligibility criteria for financial assistance and are not able to pay all or part of their services. Nonprofit hospitals are required under federal law to provide some level of charity care as a condition of being tax-exempt. Many states require some or all hospitals to extend eligibility to certain identified groups (e.g. uninsured people or patients experiencing homelessness). Generally, hospitals may establish their own eligibility requirements and have varying levels of financial assistance available and application processes.
- **Crime Victims Compensation (CVC):** Available in all 50 states, Washington D.C., and U.S. territories to reimburse victims of crime for costs associated with the harm they experienced, including, but not limited to medical expenses. Though each state and jurisdiction administers its own program, eligibility and benefits are similar. DSV programs are typically already supporting clients in accessing crime victims compensation for housing, lost wages, and more, but may not be aware that it covers medical bills for health conditions associated with the violence.

Key Resources:

» Consumer Financial Protections Bureau

» Dealing with Medical Debt: Consumer Advice from NCLC

» Directory of State Crime Victims Compensation Boards

SECTION 4: INCREASING HEALTHCARE ACCESS THROUGH PARTNERSHIP

Strategic partnerships between DSV advocacy programs and healthcare providers will promote access and wellbeing for survivors, many of whom have been restricted from accessing care due to the violence.

Building Partnerships

Establishing partnerships with healthcare settings is crucial to ensure that survivors are getting access to the care and services they need. Healthcare partnerships offer:

- **The ability to rely on the expertise of your partners** – Advocates are able to get survivors in for needed healthcare services, and healthcare staff are able to rely on their advocate partners to support patients who are experiencing or have experienced DSV.
- **Opportunities to adopt trauma-informed, health equity strategies** – Healthcare and DSV programs have the ability to establish environments that address the intersections of health and DSV across agencies.
- **Support for staff wellness and healing** – Being connected through partnership offers the opportunity for staff to address their own personal trauma and health.

Key Resources:

» National Domestic Violence Hotline Survivor Health Connection Project

» Building Sustainable and Fruitful Partnerships between Community Health Centers and Domestic Violence Advocacy Organizations

» Centering Community Self-Assessment Tool

Choosing a Healthcare Partner

Choosing the right partners is a first step to successful partnerships and service integration. DSV programs often partner witha variety of healthcare settings in order to ensure that survivors are getting the specific kinds of care they need. Work with your statewide coalition to get further support on enhancing state-level partnerships and building system-wide protocols.

Community Health Centers: Crucial Partners for DSV Advocacy Programs

Community Health Centers (sometimes called Federally Qualified Health Centers or FQHCs) are community-based and patient-directed organizations that deliver free or low cost comprehensive primary health care services in all 50 U.S. states and territories. There are about 1,400 health centers with over 15,000 clinical sites, serving 30 million patients. In addition to primary care across the lifespan, health centers integrate access to pharmacy, mental health, prenatal care, reproductive and sexual health, HIV testing and care, substance dependency, oral health - as well as many enabling health services such as transportation in areas where economic, geographic, or cultural barriers limit access to affordable healthcare. Some community health centers are designed to serve a specific community, such as a LGBTQ-specific health center, and may have enhanced culturally relevant and specific healthcare services. By federal statute, health centers must provide services to Medically Underserved Areas (MUA) or Medically Underserved Populations (MUP) including migrant farmworkers, public housing residents, and those who are houseless or unsheltered.

Find a health center in your area: https://findahealthcenter.hrsa.gov/

Key resources:

- Building Partnerships with Community Health Centers
- Building Collaborative Responses with Healthcare for Domestic Violence and Sexual Assault Task Forces and Multidisciplinary Teams Addressing Human Trafficking
- Health Partners on IPV + Exploitation offers free training and education on building and expanding health center partnerships.

How Community Health Center "Enabling Services" Can Help Survivors:

- Transportation (such as shuttles, or taxi vouchers)
- Interpretation and translation
- Eligibility and healthcare enrollment support
- Partnerships with community organizations including with DSV programs
- Medical-Legal Partnerships with civil legal aid agencies
- Case management and assistance with navigation of social services and justice processes
- Health education

Hospitals, Emergency Departments, and EMS

Many DSV programs have robust partnerships with local hospitals, including onsite and co-located advocates, on-call advocates, and more. Some DSV program funding sources require partnership with a local hospital to be able to provide 24-hr responses to survivors who are being treated in the emergency department, emergency medical services (EMS), and other areas of the hospital. Some hospitals may have hospital based victim services that community based DSV programs can work closely with. Partnering with hospitals and EMS are especially important so that DSV advocates can provide immediate response, help prepare survivors for discharge, help them safety plan and get connected to services for after they leave the hospital.

Hospital Based DSV Advocates

Passageway, a program founded in 1997 at Brigham and Women's Hospital, works to improve the health, wellbeing, and safety of those experiencing abuse from an intimate partner. The program offers free and confidential advocacy services, safety planning, individual and group counseling and support, information about the health effects of domestic violence, medical advocacy, and warm referrals and connections to community resources. The program also has a medico-legal partnership called the Passageway Harvard Legal Collaborative, offering legal consultation and services for clients on matters of family law, abuse prevention and child welfare. All Passageway services are voluntary, flexible, and designed to create safe access in whatever form is most helpful. The program supports an individual's choices and rights, and a person does not need to leave a relationship to use Passageway's services. Additionally, the program offers extensive consultation for multidisciplinary providers within the Brigham and Women's Hospital system and larger community. Trainings include but are not limited to screening and intervention, documentation, risk assessment and intervention in high risk cases, strangulation identification, and the clinical and systemic intersections of intentional violence and marginalization and oppression. The Passageway program centers all of its advocacy and macro level work in an intersectional, justice-based trauma-informed approach.

Hospital-based DSV advocacy programs have the added benefit of being able to partner across different forms of violence with hospital-based violence intervention programs.

Community Health Worker and Promotora Programs

Community health workers and promotoras are frontline peer health advocates that work with communities to offer education about common health concerns, such as asthma, address social determinants of health, and offer healthcare navigation. They serve as a liaison between health and social services and the community to facilitate access to care and to improve the quality and better ensure culturally responsive service delivery. Some Promotora programs are organized within DSV organizations and may have specialized training or focus on prevention and supporting survivors of violence.

» Community Health Worker Programs and Associations by State

Advocacy Program-Based Promotora Programs

Instituto de Promotora has been organized by community-based leaders for more than 10 years at East Los Angeles Women's Center, an anti-violence advocacy organization. Understanding that survivors and their families in their community were needing culturally relevant healthcare information and navigation support, this DSV agency created the opportunity for community members to address their own needs around health and wellbeing. Promotoras at East LA Women's Center are not only trusted messengers in their community about health and wellbeing, but also on abuse prevention, how to get help, and how to support a friend. This on-the-ground model allows intersecting needs of the community to be addressed in a way that is culturally specific.

Mental Health and Substance Use Support Providers

DSV programs often have partnerships with behavioral health providers to ensure that survivors are getting their mental health needs met. These partnerships may be with county mental health services, a mental health provider training program where the DSV program offers practicum placements, a local medication assisted treatment provider, substance use harm reduction program, or in-house mental health provider. The National Center for Domestic Violence, Trauma, and Mental Health has developed a suite of resources to help advocates take steps towards partnerships with mental health providers and assess the quality, ease of accessibility, and DSV competency of the providers:

- Locating Mental Health Resources
- Collaborating with Mental Health Resources
- Locating Substance Use Resources
- Collaborating with Substance Use Resources

Birth Workers

Community midwives, doulas, and other birth workers provide specialized and culturally relevant care to pregnant people throughout the birthing process. Midwives and doulas are also narrowing the gap in the Black maternal mortality crisis. Doulas can support birthing and pregnant survivors through partnership with DSV programs and and may also be able to offer consulting to DSV programs on how to make their programs and environments more accessible to pregnant and birthing survivors. Community midwives are an underutilized resource for pregnant and birthing survivors. Access to an out of hospital midwife can mitigate things like transportation or childcare barriers, as they can and often meet at the location the person is living, the midwives model of care also echoes the survivor centered / trauma informed approach that DV advocates strive for and offers a wrap around whole person care model.

» Birth Doula's and Shelter Advocates Creating Partnerships and Building Capacity

» National Association of Certified Professional Midwives

» Black Midwives Alliance

» IrthApp: prenatal, birthing, postpartum and pediatric reviews of care from other Black and brown parents.

Community-Based and Culturally-Specific Healers

Many survivors would benefit from connection to healers that specialize in culturally-specific and holistic healing practices that focus their care not only on the trauma of surviving DSV, but also on historical trauma that has impacted the whole community.

» Holistic Healing Services for Survivors

» Tribal TTA Center Healing-informed Care

» Healing Collective Trauma

Whole Person Healthcare

Casa de Salud in Albuquerque, NM offers ancestral, Indigenous healing practices together with western medicine and community healing opportunities. Community members can seek all kinds of health and wellbeing care at this clinic including acupuncture, reiki, substance use support, care after experiencing violence, and more as a part of their primary care.

Home Visitation and Public Health Nursing

Home visitors are state funded outreach workers that come to the homes of new parents to share the skills, information, and resources needed in order to take care of infants. It is important to form strong partnerships with home visitors as they are perfectly situated to offer education about where in the community people can get help for DSV and offer support if a survivor discloses abuse.

» How can domestic violence (DV) programs partner with home visiting programs to better support survivors and their children?

Campus, School-Based Health Centers, and School Nurses

A school and campus-based health centers are student-focused clinics located on or near a school campus that provide age-appropriate, clinical health care services on-site. These health centers may provide primary medical care, behavioral health services, or dental care services on-site or through mobile or telehealth. Staff vary in size, and typically include nurse practitioners, nurses, mental health providers, as well as part-time physicians and medical students. School-based health centers at k-12 schools offer services at no or low cost. No one is refused service for inability to pay. These health centers can be great partners in prevention efforts.

» Intervention in School Health Centers is Effective
» School Based Health Alliance
» American College Health Association
» National Association of School Nurses

Local Public Health Departments

Health departments at the city and county level work to promote and ensure food safety, emergency preparedness, infectious disease prevention, and much more. In addition to information and resources during public health crises, they are natural partners in violence prevention efforts.

» Local Health Departments Impact Our Lives Every Day

» NACCHO Directory of Local Health Departments

Medical Evidentiary Examiners

Some survivors may be interested in receiving a forensic exam to collect evidence for use in legal systems. Trained providers collect forensic evidence during exams and provide victims with immediate healthcare services such as STI prophylaxis, emergency contraception, and more. Forensic examiners provide testimony in civil and criminal proceedings. Forensic examiners may be accessible through emergency departments, law enforcement, coordinated community response teams, and other settings.

» International Association of Forensic Nurses

Partnership Elements and Structure

Across the country, DSV programs and healthcare partnerships are developing creative and innovative models that have pushed their collaborative efforts even farther. Partnerships with healthcare can be structured in many different ways. It is important to evaluate your program's mission, capacity, and expertise to determine which models make sense. Explore with your partner ways in which you can enhance your shared goals and vision.

a. **Get to know eachother:** Host meet and greets where staff visit each other's locations to learn about services so everyone can be able to describe what the other agency can offer patients/clients.

b. **Partner in Prevention**: Establishing a partnership with campus and school based health centers and public health programs can result in fruitful opportunities for prevention and community education.

c. **Establish streamlined referrals:** Develop a procedure for bi-directional warm referrals between your DSV program and healthcare partner. How can survivors referred from the DSV program to the healthcare partner get access –a "golden ticket"- to next day appointments for immediate health needs such as emergency contraception? Ensure agency releases are up-to-date, inclusive, and compliant with confidentiality & privilege laws, FVPSA, and HIPAA.

Warm Connections to Healthcare

When advocates are able to provide a warm connection to healthcare providers, survivors will have more information and resources to overcome barriers that exist. This can include:

- Supported connection to a trusted community health center or medical home where you know staff have received training in trauma informed care.
- Accompanying survivors to health visits that they might need a support person for.
- Offering information about how to prepare for health visits and creating a safety plan for potential triggers that can happen during visits.

» Healthcare Guide For (And By) Survivors of Domestic and Sexual Violence

d. **Coordinated Care:** As you refine your referral procedures through experience, you may find that it would be helpful to bring each other into certain patient's care plans. How will you communicate with each other and work together to support the health and safety of individual patients/clients and staff? Community-focused referral apps may be a useful tool in streamlining coordinated care.

e. **Telehealth and Teleadvocacy:** DSV - Healthcare partnerships have set up telehealth/tele-advocacy systems to be able to offer immediate advocacy and healthcare for patients and survivors.

f. **Offer Training:** Healthcare partners often need to hire or contract with a DSV organization to offer regular trainings to their staff on addressing domestic and sexual violence and human trafficking in healthcare settings. Community outreach

and training specialists at DSV organizations can utilize the extensive training tools to train healthcare providers on CUES, a universal education, evidence-based approach for IPV and other forms of intimate violence. For more on this approach and training tools visit our online toolkit, IPVHealth.org.

CUES Intervention Training

DSV advocates are often called upon to offer training for healthcare providers on how healthcare providers can address violence. Training providers on how to share information about your advocacy program with all patients ensures that even when patients are not comfortable answering screening questions, they still will know how to get help for themselves or a friend. This evidence based intervention for DSV is called CUES:

- Confidentiality
- Universal Education + Empowerment
- Support

The CUES intervention is supported by the use of a patient education tool called Safety Cards. Safety cards are available for different health and advocacy settings and in different languages on FUTURES' online store.

» CUES Intervention Training Resources

» Provider Training Videos

» FUTURES Health Initiatives Store

FUTURES Safety Cards

g. **Visiting Health Enrollment Specialist:** Can the health center send a health enrollment specialist or health educator to visit the advocacy organization (in-person or virtually) monthly to provide health education and facilitate enrollment for clients (and any children)?

h. **Mobile and Advocacy-based Health Services:** DSV advocacy organizations can partner with a healthcare partner to offer health services, such as behavioral health, vaccinations, sexual health education, HIV/STI testing, doula services, and more.

i. **Ongoing Collaboration and Guidance:** DSV programs can support health settings in refining their policies and protocols around violence; health settings can offer guidance around public health crises. DSV and health programs can participate in community events with each other or have a table at each others' events.

DV-Based Healthcare Clinics

DSV programs like House of Ruth Maryland in Baltimore, MD and Tundra Women's Coalition in Bethel, AL have onsite health and wellness clinics on site at their shelters where a visiting healthcare provider from the local hospital system provides care to clients several times a week. Survivors and their families are able to address immediate health concerns without having to leave the shelter.

j. **Co-Located Advocate:** Is there a way where you can structure your healthcare partner with a provider's space and budget to be able to have an advocate from your partner advocacy organization come and provide services to survivors at the healthcare partner's site on a weekly basis? Key Resource: Case Study: Integrating Intimate Partner Violence Advocacy in Health Care Services and Benefits - A model for Co-Located Advocates

k. **Sustaining DSV Health Promotion and Partnership Efforts:** It is also possible to develop an innovative partnership that builds the costs of DSV services into a provider's delivery model or becomes self-sustaining funding for the provider and DSV program.

Sustaining Partnerships and Advocacy Reimbursement

Through partnership and program development, DSV advocacy programs have the opportunity to financially sustain advocacy services through Medicaid and health insurance reimbursement. Not only is screening and brief counseling for IPV a required benefit under federal law, but Medicaid is being used to cover many services that address the social determinants of health including housing, food access, and transportation.

- FVPSA Health Care Services Payment or Reimbursement Information Memorandum and accompanying Guidance Memo
- Getting to Know your State's Medicaid Department
- DV Advocates Guide To Partnering with Healthcare: Models for Collaboration and Reimbursement
- Reimbursement for DV Health Partnerships Webinar
- Leveraging Medicaid Managed Care Contracts to Address IPV

Building the Partnership

The culture and foundation of the partnership set forth from the beginning is central to the long-term success and sustainability of the partnership. It will be useful to have a formalized partnership when challenges arise or participating organizations take on new projects. This can look like:

1. **Identifying the champions** within the health setting and the DSV programs, and key roles - who from each organization is participating? Who needs to be at the table? Who is especially passionate about leading this work within their organization?
2. **Assessing the needs** of each partner organization and the community. Engaging survivors and patients in this process can help guide next steps and priorities. Key Resource: Meaningful Engagement of People with Lived Experience | National Survivor Network Conducting a Thoughtful Needs Assessment: A Comprehensive Approach to Program Design Community Assessment Setting the Stage for Effective Programs

3. **Defining the partnership** by collectively coming to an agreement on how the working relationship will be carried out. This could include: the roles of each partner, the timeline for partnership roll out, process for decision making and communication, schedule for regular meetings, evaluation strategies, and sustainability. These agreements and processes can be outlined in a Memorandum of Understanding. Key Resource: Sample Memorandum of Understanding
4. **Promoting Privacy and Confidentiality**: Robust partnerships between healthcare and DSV programs do not have to compromise survivor privacy and confidentiality in order to effectively work together. There are steps that programs can take to ensure survivors' information is protected. Key Resources:
    - » Privacy Principles for Protecting Survivors of Intimate Partner Violence, Exploitation and Human Trafficking in Healthcare Settings
    - » Privacy, Domestic Violence, and HIV: A Guide for Advocates
    - » Confidentiality for Survivors Across Services | NCDVTMH
    - » Protecting Survivor Confidentiality: Best Practices in Documentation | NCDVTMH
5. **Tracking Your Successes:** How can you document warm referrals from the health center? How can you track how many clients/patients actually utilize the services? This data can be immensely important to demonstrate the impact of the partnership, program development, and even state policy. Data collection is always a challenge but it's so important to help tell the stories of survivors and programs! Key Resource: Sample Quality Assessment and Improvement Tools Case Study: The Oregon Guide to Health Care Partnerships
6. **Addressing Partnership Challenges:** Integrating and expanding new services may bring up challenges for staff. In the development phase, take time to explore barriers, biases, and resistance that come up for staff, such as time constraints, discomfort with stigmatized health issues and surviving violence, or lack of training. They are being asked to take on a whole new service model or modify an existing one - and their leadership and buy-in to the process is vital to the success and sustainability

of the work. Trepidation and resistance can be addressed, explored, and reframed through transparency and involvement, training, adequate compensation, and professional development.

Support from Your State Coalition

State DSV Coalitions are natural partners in health advocacy work. In addition to primary prevention, many state coalitions are engaged in health equity and access efforts. Some examples include:

- Offer training on addressing DSV for health care staff, home visitors, and other providers, like the Maryland Healthcare Coalition Against Domestic Violence.
- Capacity building for advocates to address survivor health and wellbeing, like the Ohio Domestic Violence Network.
- Engaging in policy advocacy to ensure survivor health access, such as reforming medical mandated reporting requirements, like Violence Free Colorado.
- Leading efforts to promote sustainable care coordination between healthcare and advocacy programs, like the North Carolina Coalition Against Domestic Violence.
- Fighting for reproductive justice and health through culture change and policy efforts, like VALOR.

SECTION 5: POLICY ADVOCACY

DSV advocates have a long history of policy advocacy to ensure that survivor safety services are adequately funded, expand affordable and safe housing for survivors, increase access to economic security, and decrease exposure to harms of criminalization of survivors and the criminal legal system. Across the country, DSV advocates have also played an important role in shaping laws and policies that impact survivors' wellbeing and health. By advocating for laws that promote wellbeing, we can help increase access to medical services, reproductive justice, invest in solutions that do not increase harm, trauma-informed care, and mental health support. Much of these efforts are also about fostering the conditions that do not allow DSV to occur in the first place. Healthcare policy work can also address issues like funding for domestic violence programs, training for healthcare providers, and improving data collection to better understand and address domestic violence cases. This involvement can lead to more comprehensive and effective support for survivors, ultimately contributing to the overall well-being and safety of individuals and communities affected by domestic and sexual violence.

Key Resources:

» Telling Your Story to a Policymaker

» Legislative Advocacy for Nonprofit Organizations

Coalition Building for Health and Wellbeing Policy Efforts

Across the country DSV advocates are forging closer partnerships with health justice organizations, healthcare workers, and public health institutions to be able to advocate for policies that increase health and wellbeing for survivors. DSV advocates have a vital perspective to add to these policy efforts as they are able to describe the impact of poor healthcare access specifically for survivors, as they are at higher risk for poor healthcare outcomes. Building partnerships into a cross-sector coalition is an essential early step in engaging in the policy process. It is important to learn about who is already working on the issue and build relationships with them to see how you can support and work together. In addition to state DSV coalitions, advocates are partnering across sectors to ensure safety for survivors, and healthcare policy efforts require similar coalition building with groups such as:

- Healthcare associations and unions
- Reproductive health and justice organizations
- Birth worker and birth justice organizations
- State public health departments
- State medicaid directors
- Crime victims compensation agencies
- Cross anti-violence organizations that work on community violence, child abuse, or human trafficking
- Community-based health justice organizations
- Substance use harm reduction groups

Examples of Policy Efforts to Promote Health, Well-being, and Healthcare Access

Ensuring Healthcare Access

Policy efforts to expand healthcare access could include advocating for medicaid expansion, working to repeal or reform medical mandatory reporting requirements that pose a barrier to healthcare for survivors, expanding paid leave time and options

for all workers, advocating for funding to support partnerships between DSV advocate programs and health settings, supporting efforts to expand mental health care access and funding.

Reproductive, Gender, and Birth Justice

Because limits to reproductive rights, gender affirming care, and maternal health have even more significant impacts on survivors of violence, anti-violence organizations in many states are working to ensure those rights at the state level. Efforts in this area could include advocating for gender affirming care rights, ensuring rights to reproductive healthcare, protecting survivors seeking care in your state, and expanding funding for birth doulas.

Building Community Care and Responses

DSV advocacy organizations have a long history of policy advocacy to create safe and caring communities for survivors, particularly around access to affordable housing, worker protections, and gun violence. Other areas of policy work that align with these are efforts to reducing and ending laws that criminalize survival (eg. drug use, sex work, HIV criminalization), thinking carefully before supporting legislation that increases criminalization for violence, reexamine child welfare strategies and ending "failure to protect", defense for survivors who have been criminalized, and advocating for funding for alternative crisis response.

CONCLUSION

This toolkit serves as a guide for domestic and sexual violence advocates, offering a myriad of effective strategies to promote the health and wellbeing of survivors. By recognizing the interconnectedness of physical, mental, and emotional health, advocates can tailor their support to address the unique needs of each survivor. From fostering a trauma-informed approach to providing resources for accessible healthcare, advocates can expand the ways in which they are aiding survivors on their journey to safety, healing, and self-determination. By implementing the recommendations outlined in this toolkit, advocates can play a pivotal role in not only addressing the immediate consequences of domestic and sexual violence but also in fostering a path towards lasting health, resilience, and overall wellbeing for those who have experienced abuse.

Are you working to promote survivor health and wellbeing in your community in a way that is not described here? Reach out to us and share your experience at health@futureswithoutviolence.org.

Endnotes

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