



Welcome! Please introduce yourself in the chat by typing your name, pronouns, title or workplace, and location... 😊

Addressing and Preventing Intimate Partner Violence among Migrant Farmworkers and Promoting Community Health Center and Domestic Violence Program Partnerships

Presented by Anisa Ali and Abby Larson



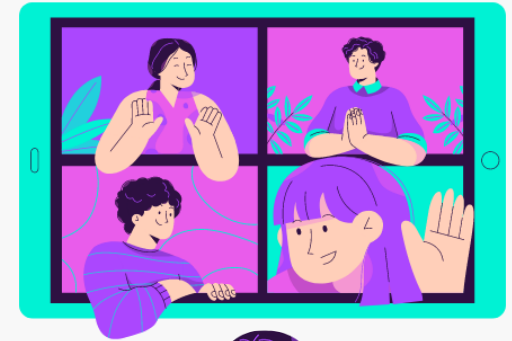
March 25, 2021



Tech Welcome: Using Zoom

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- You may listen to audio through the phone or through the computer.
- The chat box may be used for questions and comments (select “All Attendees and Panelists”).
- You can also unmute to ask questions!



Mindful Movement

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1. Stand up, or stay seated
2. Breathe in, palms up, arms outstretched
3. Breathe out, touch your shoulders with your fingertips
4. Breathe in, open and extend your arms out to the sides
5. Breathe out as you bring fingertips back to your shoulders



Objectives

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1. Learn about the prevalence and dynamics of intimate partner violence among migrant farmworkers.
2. Understand common health issues impacting migrant farmworkers experiencing intimate partner violence.
3. Promote meaningful and effective collaboration between domestic violence advocates and community health centers as a critical strategy to support migrant farmworker survivors.



What is Intimate Partner Violence?

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



- It is often a cycle that gets worse over time – not a one time ‘incident’
- Abusers may use jealousy, mental health, money and other tactics to be controlling and abusive – not just physical violence
- Leaving an abusive relationship is not always the best, safest or most realistic option for survivors

Definitions of Domestic Violence

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- Legal definitions are often more narrowly defined with particular focus on physical and sexual assault
- Public health definitions include a broader range of controlling behaviors that impact health including:
 - **emotional abuse**
 - **social isolation**
 - **financial abuse**
 - **stalking**
 - **intimidation and threats**



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Why might someone stay in an abusive relationship?

 Start presenting to display the poll results on this slide.

Why people stay

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Fear

- Increased danger for self or children
 - Threats to call ICE or CPS
- Cut off from finances and documentation
- Depression, anxiety, guilt, and/or shame undermining the confidence to leave



Why people stay

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Love, Hope, and Values

- Belief that the abuse will stop or hope the person using violence will change
- Better opportunities for children
- Survivor is in love with the person hurting them
- Love for the extended family/network
- Beliefs about marriage and divorce



Why people stay

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- It takes an average of 7 times to leave an abusive relationship
- Abuse is not always the most pressing concern
- Personal and family/cultural values influence attitudes towards intimate relationships



Intersecting Oppressions

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Language Access. 77% of farmworkers speak Spanish from 2015-2016 NAWS data. Growing number of indigenous farmworkers may face additional language barriers to accessing services.

Exclusionary Employment and Labor Protections.

Farmworkers are excluded from some basic federal and state employment and labor law protections.

(Farmworker Justice “Mapping Inequality: Farmworkers’ Rights under State Employment Laws, available at <https://www.farmworkerjustice.org/blog-post/mapping-inequality-farmworkers-rights-under-state-employment-laws/>)



Intersecting Oppressions

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Poverty. 2015-2016 National Agricultural Workers Survey: One-third (33%) of farmworkers had family incomes below poverty.

Access to care for LGBTQ+ farmworkers. Challenges related to accessing care, discrimination, finding support.

See “Promoting Health Care Access to Lesbian, Gay, Bisexual, and Transgender (LGBT) Farmworkers” from National LGBT Health Education Center and Farmworker Justice.



Available at: <https://www.lgbtqihealtheducation.org/wp-content/uploads/Promoting-Health-Care-Access-to-LGBT-Farmworkers-Final.pdf>



Intersecting Oppressions that may Impact Farmworker Experiences of IPV

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Immigration Enforcement.

Immigrant survivors may fear reporting abuse or accessing services out of fear of possible immigration enforcement actions.

(Zadnik, et al., 2016)

Access to Services in Rural Communities.

Rural Survivors may have more difficulty accessing services.


- 2011 study: Over 25% of women in small rural areas lived more than 40 miles from the closest program.

(Peek-Asa, et al., 2011; National Advisory Committee on Rural Health and Human Services Policy Brief, 2015)



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Have you noticed an increase in patient disclosures of IPV throughout the COVID-19 pandemic?

 Start presenting to display the poll results on this slide.

From the National Domestic Violence Hotline:

COVID-19 SURVIVOR STORIES FROM THE LINES

"A caller said they could not file paperwork to remove the abuser from their home, because courts are closed due to COVID-19."

"A chatter stated that they have known for a long time that there were red flags in the relationship, but things are escalating with the pandemic, and they can't even go to therapy."

"A caller was experiencing an escalation of abuse. They had tested positive for COVID-19, and the abuser was using isolation to keep them from contacting family. The abuser threatened the survivor with deportation (survivor is currently in the process of becoming a US citizen)."



"A chatter mentioned that the abuser was using the virus as a scare tactic to keep the survivor away from their kids."



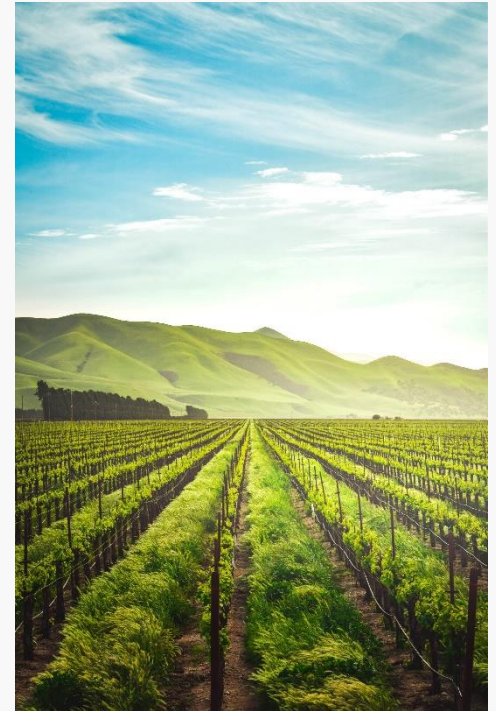
Trauma-Informed Care

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Trauma-Informed Care is moving away from “what’s wrong with you?” to “what happened to you and how can I support you?”

- Safety
- Trustworthiness
- Peer support
- Collaboration and mutuality
- Empowerment, voice, and choice
- Cultural, historical, and gender issues

Visit: www.samhsa.gov/nctic/trauma-interventions



Vicarious Trauma and Resilience

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Vicarious Trauma

A change in one's thinking [world view] due to exposure to other people's traumatic stories.

Burnout

syndrome of emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment and develops as a result of general occupational stress.

Vicarious Resilience

Strengths that come from working with people who have experienced trauma:

- witnessing others overcome adversity;
- recognizing people's capacity to heal and take care of themselves
- reaffirming the value of the work you do.

Lipsky L, Burk C. Trauma Stewardship: An Everyday Guide To Caring For Self While Caring For Others. San Francisco, CA : Berrett-Koehler Publishers, 2009.

Berceli D A Proposal for a Mindfulness-Based Trauma-Prevention Program for Social Work Professionals Complementary Health Practice Review, Vol. 11 No. 3, October 2007 1-13



Local Partnerships are Meaningful

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



DV Advocacy Partner
Improve health and wellness for DV/HT survivors



Community Health Center Partner
Improve health and safety through "CUES"

Download a sample MOU:

<https://ipvhealthpartners.org/partner/>



About Domestic/Sexual Violence Advocacy Programs

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Domestic violence and sexual assault programs have vast experience working with survivors of violence and assist them to identify ways to increase personal safety while assessing the risks.

Advocates connect patients to additional services like:

- ✓ Crisis safety planning (usually 24/hr hotline)
- ✓ Housing (emergency and transitional)
- ✓ Legal advocacy for IPV/HT, family court, immigration, labor
- ✓ Forensic exam accompaniments
- ✓ Support groups/counseling
- ✓ Children's services
- ✓ Employment support



ACF, U.S. DHHS Funded Hotlines

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800-799-SAFE (7233)
Text LOVEIS to 22522
Chat at thehotline.org



STRONGHEARTS
Native Helpline

844-7NATIVE (762-8483)
Monday-Friday from 9am
to 5:30pm CST
strongheartshelpline.org



800-RUNAWAY (786-2929)
Email: 1800runaway.org/crisis-online-services/
Chat at 1800runaway.org/
Forum: bulletinboards.1800runaway.org/forum



877-565-8860
www.translifeline.org/

THE **TREVOR** PROJECT
Saving Young LGBTQ Lives

www.thetrevorproject.org
866-488-7386 LGBTQ Youth



Health Impact of IPV

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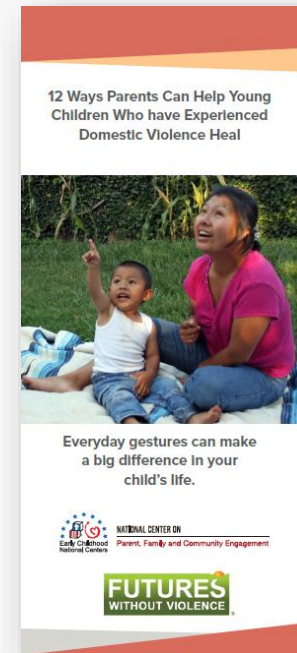


Health Care Providers Are Lifelines

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Health providers may be:

- ✓ **first** responders for people experiencing IPV/HT and exploitation
- ✓ one of the only other people your patient is can to speak to
- ✓ the only kind words your patient has heard
- ✓ the only access to information on help and safety



Learn More

National Domestic Violence Hotline

1-800-799-SAFE (7233);
TTY 1-800-787-3224

Child Abuse Hotline

1-800-422-4453

Sexual Assault Hotline

1-800-656-4673 (HOPE)

StrongHearts Native Helpline

1-844-762-8483;
<https://www.strongheartshelpline.org/get-help/>

Childhelp National Child Abuse Hotline

1-800-422-4453
<https://www.childhelp.org/hotline/>

National Suicide Prevention Lifeline

1-800-273-8255; <https://suicidpreventionlifeline.org/talk-to-someone-now/>

Substance Abuse and Mental Health

National Helpline: 1-800-662-HELP (5347)

Changing Minds

www.ChangingMinds.org

Futures Without Violence

www.FuturesWithoutViolence.org

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Redefining Safety

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- Leaving or ending an abusive relationship comes with the highest likelihood for homicide or acute victimization.
- Staying might be the safest choice.
- DV advocates are experts in short and long-term safety planning.



Move away from asking:

“Why hasn’t the survivor left?” to asking:

“How can I support this person so that they can make their own decisions?”

CUES: An Evidence-based Intervention

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Confidentiality
Universal Education
Empowerment
Support



Adolescent Safety Card
Available in English and Spanish



CUES: An Overview

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C: Confidentiality

See patient alone, disclose limits of confidentiality

UE: Universal Education + Empowerment

Normalize activity:

"I've started giving two of these cards to all of my patients—in case it's ever an issue for you because relationships can change and also for you to have the info so you can help a friend or family member if it's an issue for them."

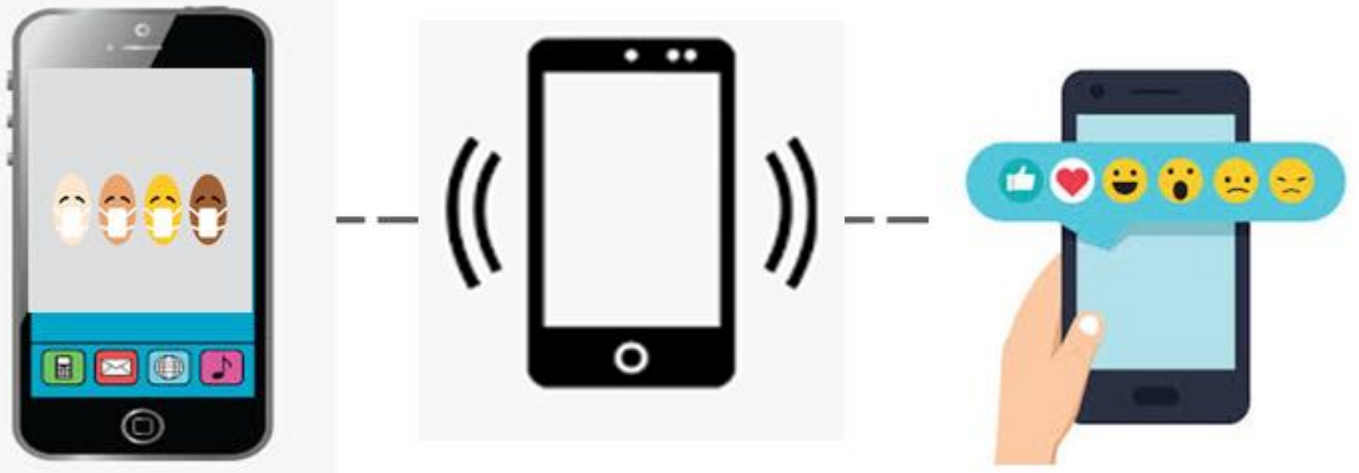
Make the connection—open the card and do a quick review:

"It talks about healthy and safe relationships, ones that aren't and how they can affect your health....and situations where youth are made to do things they don't want to do and tips so you don't feel alone."

S: Support

"On the back of the card there are 24/7 text and hotlines that have folks who really understand complicated relationships. You can also talk to me about any health issues or questions you have."





Remote Help: Supporting Patients Experiencing DV in the Time of COVID-19



CUES is Healing-Centered Engagement

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Builds Relationships

Strength-Based Caring Focused

Focus on Altruism

Improves Access to Advocacy

Empowers clients and the folks they care about

Shares power between provider and client

“...the power of social support is more about mutuality than about getting for self...that is, there is a need to give, to matter, to make a difference; we find meaning in contributing to the well-being of others”. (J.V. Jordan, 2006)



S: Positive Disclosure: One Line Scripts

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- “I’m glad you told me about this. I’m so sorry this is happening. No one deserves this.”
- “You’re not alone.”
- “Help is available.”
- “I’m concerned for your safety.”

Your recognition and validation of the situation are invaluable

(See Google Drive: Supporting Patients Who Disclose Experiencing Abuse)



S: Providing a “Warm” Referral

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When you connect a patient to a local DV program it makes all the difference. *(Maybe it's not safe for them to use their own phone).*

“If you would like, I can put you on the phone right now with [name of local advocate], and they can help you make a plan to be safer.”



Systems Impact Our Health

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National Health Network on Intimate Partner Violence and Human Trafficking

The **National Health Network on Intimate Partner Violence and Human Trafficking** is led by Futures Without Violence (FUTURES) to work with community health centers to support those at risk of, or surviving intimate partner violence (IPV), human trafficking (HT) and exploitation, and to bolster prevention efforts.

Key Topic Areas:

- Increasing staff capacity and healing-centered engagement
- Assessment and universal education approaches and tools
- Building health center and community-based partnerships
- Health policy and systems change (including on new UDS measures on IPV/HT)
- Prevention approaches and ways to promote health equity and increase health and safety outcomes for those surviving IPV and HT and exploitation

Learn more: www.futureswithoutviolence.org/health/nationalhealthnetwork

Email: ipvhealthpartners@futureswithoutviolence.org



Upcoming Activities from the National Health Network on IPV & Human Trafficking

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- Supporting Providers and Centering Survivors: Rethinking Success Through Partnerships and Innovations To Support People Experiencing Homelessness, apply by May 21, 2021
- Aging with Respect: A Framework for Addressing Intimate Partner Violence in Older Adults Learning Collaborative, apply by April 16, 2021



NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

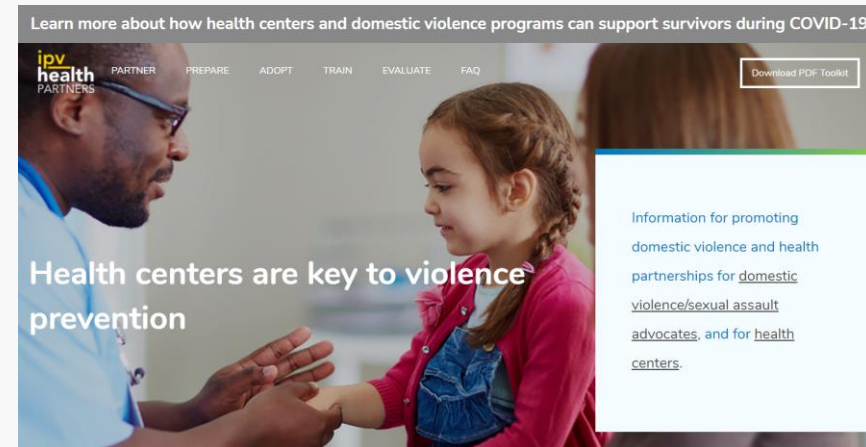


www.IPVHealthPartners.org online toolkit + CUES

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Guidance on:

- ✓ Enhancing patient privacy
- ✓ Disclosing limits of confidentiality
- ✓ Universal education scripts
- ✓ Reaching friends and family
- ✓ Disclosures + supportive messages
- ✓ Warm referrals to local DV programs
- ✓ Safely sharing resources
- ✓ Tech privacy tips



www.ipvhealthpartners.org

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

**+ New guidance on COVID-19
and telehealth support**

What questions do you have?

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Thank you!

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