NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE

Survivor-Centered Support: Improving Health Care Response to IPV through Universal Education

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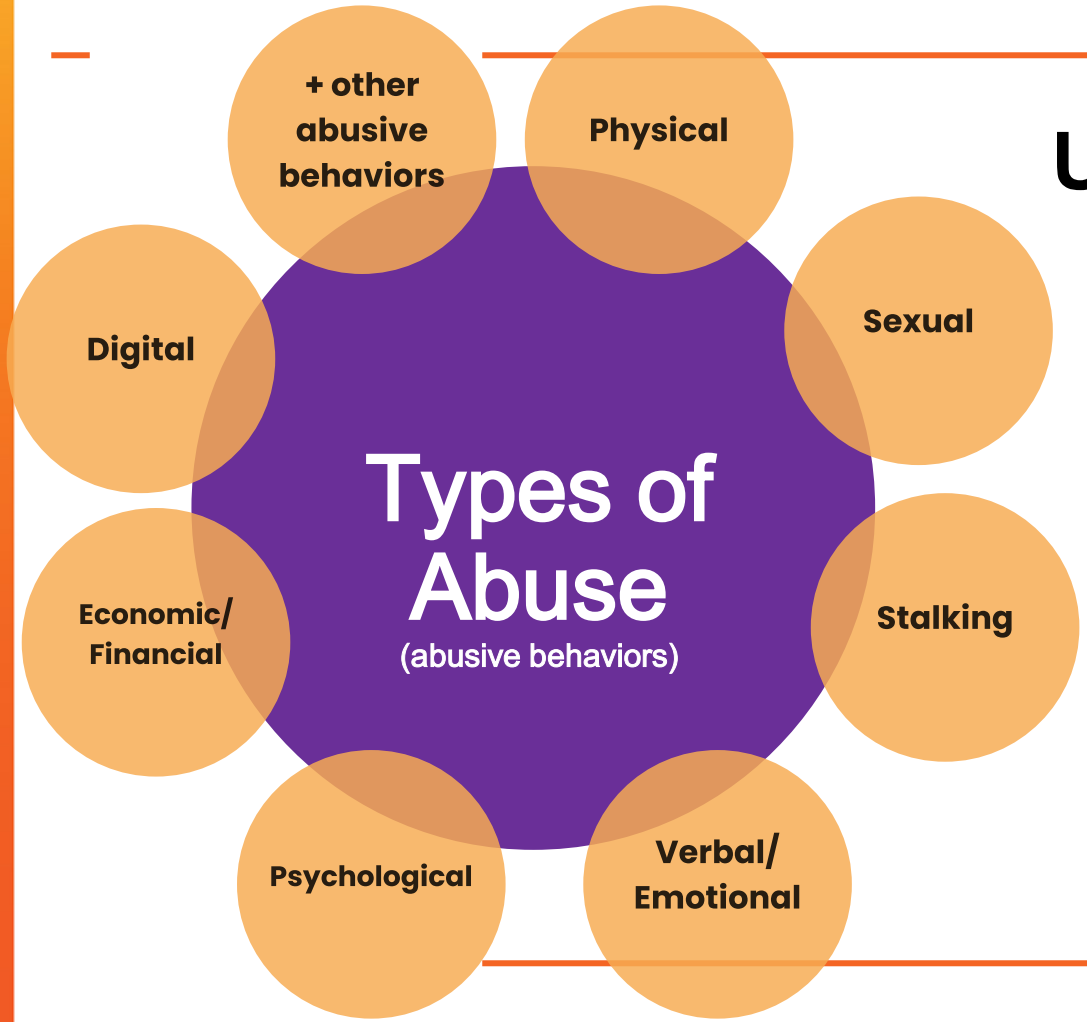
Learning Objectives

1. Understand the impact of intimate partner violence (IPV) on survivors' health and access to care.
2. Describe how to integrate universal education and trauma-sensitive response to IPV.
3. Implement 2 practice changes you can make to promote prevention and provide healing-centered support for survivors.

Caring for others starts with us

- Self-care is important
- There are survivors among us
- Care for each other
- Lean on supports





Understanding IPV

- Violence is not always the priority
- Abuse happens in cycles
- Leaving is not always the best or safest option
- Does not exist in a vacuum
- Rooted in **power and control**
- **A public health issue**

40-50%

of people experience IPV

Higher rates among:

- Those 18-24
- Pregnant and birthing people
- Those with marginalized and intersecting identities



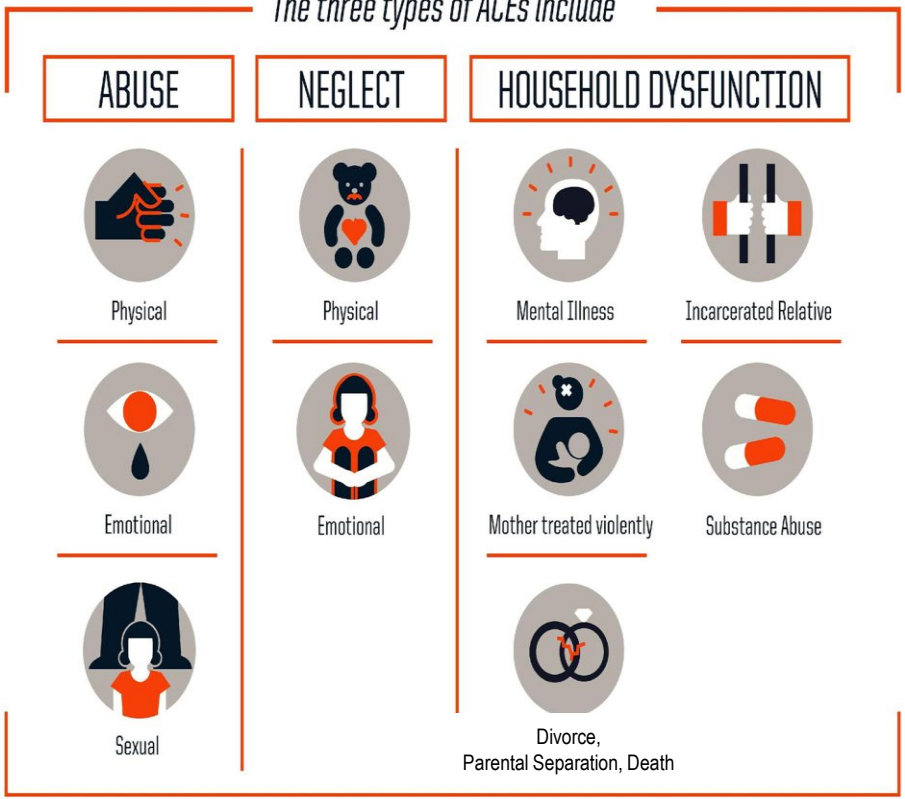
IPV impacts the entire family

- 40-60% of IPV cases also involve child abuse and child sexual abuse

Impacts of IPV

Adverse Childhood Experiences (ACEs)

- Stressful or traumatic childhood events that happen before the age of 18.
- They disrupt safety, stability, bonding, and nurturing family relationships.
- ACEs is tally of different types of abuse, neglect, and other hallmarks of a rough childhood.
  - The higher the ACE score the more negative health outcomes.



Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation
https://www.cdc.gov/aces/about/index.html
https://www.apaf.org/getmedia/67d8502b-7bc6-48c3-813a-2d6ca67c2852/What-are-ACEs-Infographic.pdf

People can heal

Social, cultural and spiritual connections	Safer and more stable living conditions
Nurturing parent-child relationships	Perspective and growth mindset
Social and emotional ability	Agency

- Resilience is universal and can grow
- Healing happens in safe relationships
- Strongest predictor of healing and resilience in children: having caring and consistent adults in their lives
- Focus on strengths and positive experiences

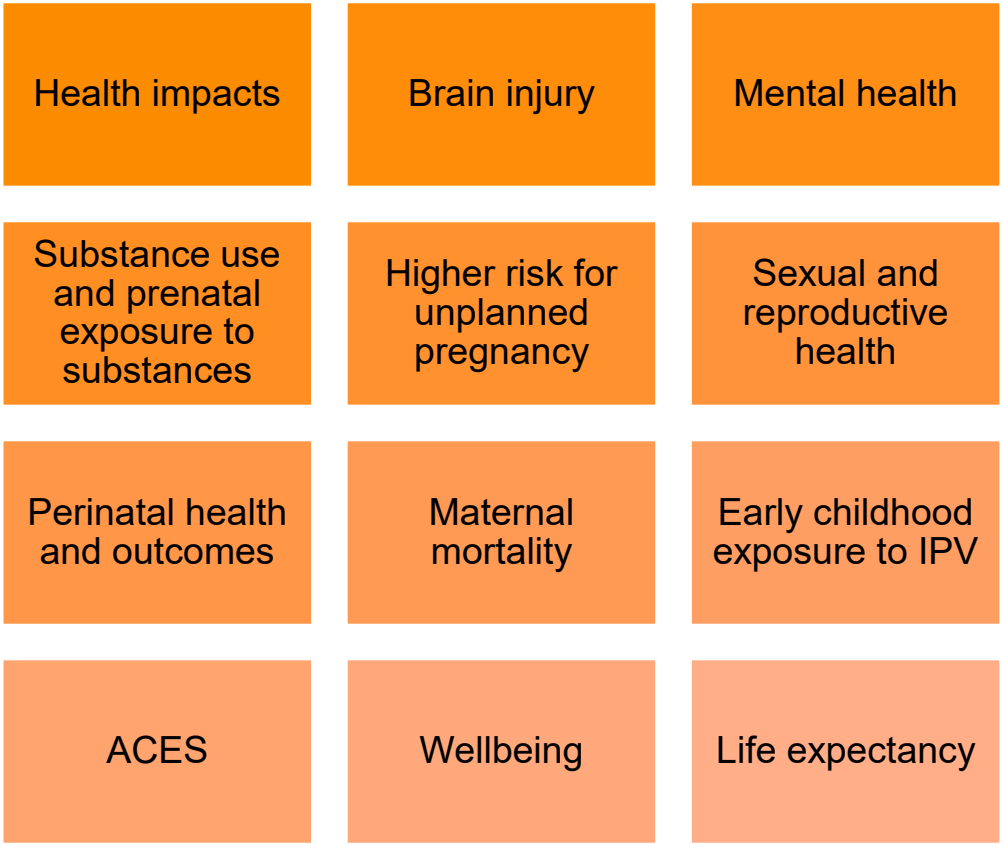
IPV prevents access to care

- Survivors often delay preventative health care
- **17%** of abused cis-gender survivors report their partner prevented them from accessing health care compared to **2%** of non-abused women

How might IPV show up in clinical settings?

- Patient being hurt or controlled by partner
- Injuries
- Health impacts
- Patient not being able to make their own decisions
- Health conditions harder to manage
- Missed appointments for themselves and children
- Patient not able to adhere to care plan
- Disconnection/disassociation
- Impact on children
- Disclosures of abuse
- Patient changing their story during visit
- Impact on housing + economic security and other social needs

Relationships can affect your health



Traumatic Brain Injury (TBI) and IPV

- TBI happens when a sudden, external, physical assault damages the brain.
- Injuries to the head, neck, or face that can lead to TBI.
- DV/IPV is a common cause of TBI in women. Abusers often strike the head to conceal bruises.
- TBI is also associated with sexual assault, with or without the presence of DV/IPV.

Strangulation and DV/IPV

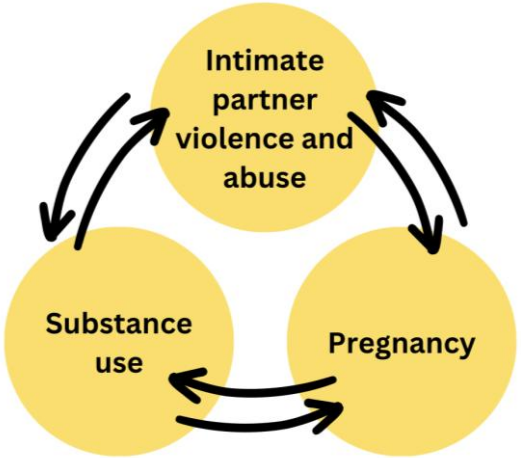
- Strangulation is when pressure is applied from the outside, cutting off airflow and/or blood vessels in the neck, preventing oxygen from reaching the brain.
- Often leaves **NO leave visible marks,** yet it can cause **TBI.**
- Most survivors experience it multiple time by their abusive partner.
- **Used as a tactic of power and control**
- Death can happen days or weeks after the attack.

https://www.thehotline.org/resources/the-dangers-of-strangulation/

Mental and behavioral health impacts from TBI

- Anxiety
- Depression
- Memory loss
- Substance use, misuse, and substance use disorder
- Suicide ideation and actions
- Post-traumatic stress disorder (PTSD)

Substance Use Coercion



- Coercive tactics targeting a partner's use of substances **as part of a broader pattern of abuse and control**

  Highly prevalent across IPV

  Ways it can look:
  - Deliberately introducing a partner to substances
  - Forcing or coercing them to use
  - Interfering with their access to treatment
  - Sabotaging their recovery efforts
  - Leveraging the stigma associated with substance use to discredit them with sources of safety and support

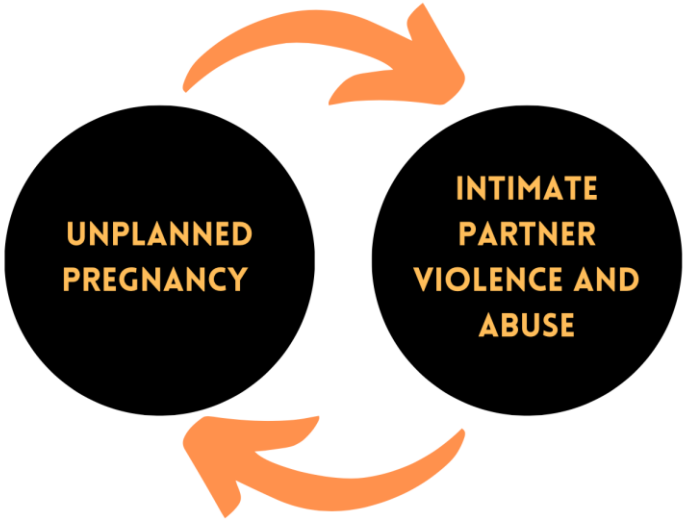
Reproductive and Sexual Coercion

Exerting power and control over another persons' sexual/reproductive health and decisions.

- Pressuring or trying to get someone pregnant when they don't want to be
- Controlling the outcome of a pregnancy
- Interfering with proper use of birth control
- Forcing sex or certain sexual activities
- Threatening STI disclosure
- Forcing sex with others for their own gain

Impacts: Sexual, Reproductive, Maternal Health

- Unplanned / unintended pregnancy: ***1 in 4*** *women report their partner was* ***trying to get them pregnant***
- Abnormal Paps, pelvic pain, infections
- STIs and HIV
- Abortion and miscarriage



IPV and Maternal Health

- Pre-term birth and low birth weight
- IPV is a major contributor of maternal mortality
  - Homicide, suicide, SUD, overdose
- Psychological /emotional abuse is most common
- Lack of supports before, during and after pregnancy increases risk for:
  - Perinatal depression and other mental health conditions
  - Parent-to-baby bonding failure

Maternal Health Disparities

- Black women are 6x as likely to die of a pregnancy-related condition as White women
- Black women were about 3x as likely to die within a year of pregnancy as women of any other race/ethnicity
- Homicides accounted for 15% of all pregnancy-associated deaths for Black women—which is a very rare cause of pregnancy-associated death for White women (2%)

Rethinking Non-compliance

- Women experiencing IPV are also **twice** as likely to not initiate prenatal care until the third trimester
- Women are significantly **more likely to miss 3+ prenatal visits** than their non-abused counterparts (45% vs. 28%)

Trauma Informed Care

- **Safety:** ensures emotional and physical safety
- **Trust:** maintain boundaries and respect the pace of the survivor
- **Choice:** prioritize survivor choice and control
- **Collaboration:** maximize collaboration and power sharing with survivor
- **Empowerment:** respect clients' decisions

Don't ask "what is wrong with you", ASK "what happened to you?"

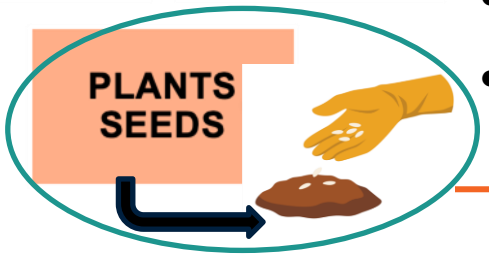
Response to IPV through Universal Education

Making the shift

Traditional Assessment	Universal Education
Focuses on disclosure	Focuses on trust and relationships
Only reaches survivors who disclose	**Reaches everyone, including survivors who don't or won't disclose**
Only offers resources with disclosure	Connects everyone to resources
Not typically survivor-centered	Centers lived experiences
Power differential between healthcare staff and patient	Shares power between provider and patient
No focus on prevention	Promotes prevention
Limited in the experiences captured	Open and safe to talk with all patients about their relationships and experiences
	Promotes altruism
	Strengths-based

Universal Education Approach

Meets people where they're at	Strengths-based
Empowers through altruism	Supports survivor autonomy
Easily integrates into what you're already doing	Creates safe spaces



- Evidence-based framework that easily integrates into what you're already doing
- **Reaches survivors who don't or won't disclose**
- Creates a welcoming, safe space for <u>all</u> patients to talk about safe and healthy relationships
- Educates all survivors how to help others
- Promotes health, wellness **and prevention**
- Democratizes information about available support

CUES: A healing-centered approach for IPV

C: Confidentiality

UE: Universal Education and Empowerment

S: Support

1. Promote safety and privacy
2. Normalize conversations about relationships, parenting and stress
3. Ensure everyone gets access to support and info
4. Use altruism to increase connection and promote healing
5. Respond and support when someone discloses

C: Confidentiality

- Understand your reporting requirements
- Discuss confidentiality before talking about relationships
    - **Explain your limits of confidentiality in ways they can understand**
- Talk to patients alone
- Never use a child, family member or friend as an interpreter

Confidentiality

*“Before we get started, I want to let you know that everything we talk about is confidential, which means it’s private. I won’t share anything we talk about today outside of the care team unless you tell me someone is hurting you physically or sexually or you are thinking about hurting yourself or others**, then I will need to share with others in order to keep you safe and get you help.”*

**or replace with your state’s reporting requirements

UE: Universal Education and Empowerment



Safety Cards

1. Normalize the conversation
2. Introduce 2 copies of the safety card (gives power back)
3. Use prompts from the card to make the connection and share resources

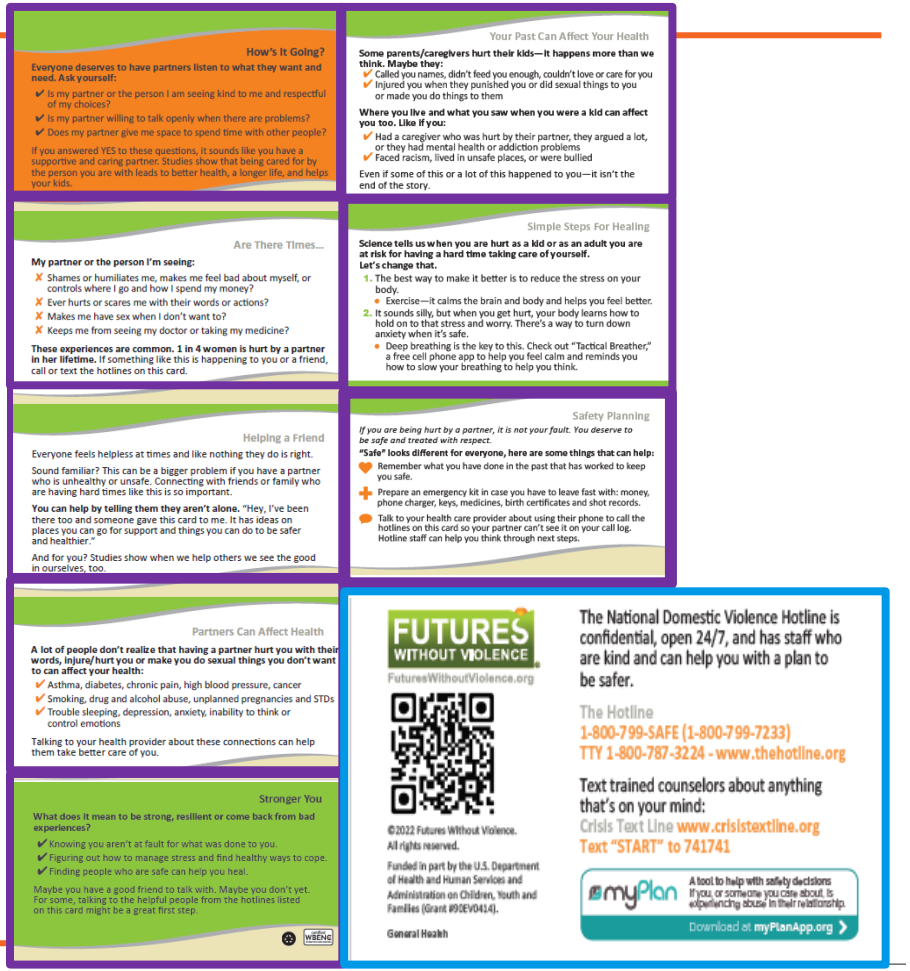
Front of card



PURPLE squares are the prompts to make the connection with the client

SHARE RESOURCES

Share the phone number to call or text if they need help.



How's It Going?

Everyone deserves to have partners listen to what they want and need. Ask yourself:

- ✔ Is my partner or the person I am seeing kind to me and respectful of my choices?
- ✔ Is my partner willing to talk openly when there are problems?
- ✔ Does my partner give me space to spend time with other people?

If you answered YES to these questions, it sounds like you have a supportive and caring partner. Studies show that being cared for by the person you are with leads to better health, a longer life, and helps your kids.

Your Past Can Affect Your Health

Some parents/caregivers hurt their kids—it happens more than we think. Maybe they:

- ✔ Called you names, didn't feed you enough, couldn't love or care for you
- ✔ Injured you when they punished you or did sexual things to you or made you do things to them

Where you live and what you saw when you were a kid can affect you too. Like if you:

- ✔ Had a caregiver who was hurt by their partner, they argued a lot, or they had mental health or addiction problems
- ✔ Faced racism, lived in unsafe places, or were bullied

Even if some of this or a lot of this happened to you—it isn't the end of the story.

Are There Times...

My partner or the person I'm seeing:

- ✘ Shames or humiliates me, makes me feel bad about myself, or controls where I go and how I spend my money?
- ✘ Ever hurts or scares me with their words or actions?
- ✘ Makes me have sex when I don't want to?
- ✘ Keeps me from seeing my doctor or taking my medicine?

These experiences are common. 1 in 4 women is hurt by a partner in her lifetime. If something like this is happening to you or a friend, call or text the hotlines on this card.

Simple Steps For Healing

Science tells us when you are hurt as a kid or as an adult you are at risk for having a hard time taking care of yourself. Let's change that.

1. The best way to make it better is to reduce the stress on your body.
   - Exercise—it calms the brain and body and helps you feel better.
2. It sounds silly, but when you get hurt, your body learns how to hold on to that stress and worry. There's a way to turn down anxiety when it's safe.
   - Deep breathing is the key to this. Check out "Tactical Breather," a free cell phone app to help you feel calm and reminds you how to slow your breathing to help you think.

Helping a Friend

Everyone feels helpless at times and like nothing they do is right.

Sound familiar? This can be a bigger problem if you have a partner who is unhealthy or unsafe. Connecting with friends or family who are having hard times like this is so important.

You can help by telling them they aren't alone. "Hey, I've been there too and someone gave this card to me. It has ideas on places you can go for support and things you can do to be safer and healthier."

And for you? Studies show when we help others we see the good in ourselves, too.

Safety Planning

If you are being hurt by a partner, it is not your fault. You deserve to be safe and treated with respect.

"Safe" looks different for everyone, here are some things that can help:

- Remember what you have done in the past that has worked to keep you safe.
- Prepare an emergency kit in case you have to leave fast with: money, phone charger, keys, medicines, birth certificates and shot records.
- Talk to your health care provider about using their phone to call the hotlines on this card so your partner can't see it on your call log. Hotline staff can help you think through next steps.

Partners Can Affect Health

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

- ✔ Asthma, diabetes, chronic pain, high blood pressure, cancer
- ✔ Smoking, drug and alcohol abuse, unplanned pregnancies and STDs
- ✔ Trouble sleeping, depression, anxiety, inability to think or control emotions

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

Stronger You

What does it mean to be strong, resilient or come back from bad experiences?

- ✔ Knowing you aren't at fault for what was done to you.
- ✔ Figuring out how to manage stress and find healthy ways to cope.
- ✔ Finding people who are safe can help you heal.

Maybe you have a good friend to talk with. Maybe you don't yet. For some, talking to the helpful people from the hotlines listed on this card might be a great first step.

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General Health

The National Domestic Violence Hotline is confidential, open 24/7, and has staff who are kind and can help you with a plan to be safer.

The Hotline
1-800-799-SAFE (1-800-799-7233)
TTY 1-800-787-3224 - www.thehotline.org

Text trained counselors about anything that's on your mind:
Crisis Text Line www.crisistextline.org
Text "START" to 741741

myPlan
A tool to help with safety decisions if you, or someone you care about, is experiencing abuse in their relationship.
Download at myPlanApp.org

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(ACEs)



You Matter

Seeing your strengths matters: who you are, your gifts in the world.

What do you love about yourself? If you can't think of something, that's ok. What do you do that is comforting for you? Remember it for when the world is spinning out, and you are hurting.

If you are hurting, you are not alone—hopefully this card will help support you or someone you care about if they need help.

Mental Health and Well-being

If you had or are having tough times growing up, it can affect you in different ways:

- Managing school—it can be hard to concentrate, learn, and focus
- Stress, anxiety, depression, or suicidal thoughts
- Using substances to cope
- Eating disorders, self-harm like cutting or burning
- Relationships where you're being hurt or hurting someone

But **that's not the end of the story**—there is support and things can change for the better.

Adults Make Mistakes, Too

If adults have broken your trust in the past, they may be hard to trust now.

- Maybe they didn't listen to you or respect you.
- Remember: who you share your personal information with is your choice.
- If you are feeling unsafe in any relationship, you have the right to get information on how to get support without having to tell your story.

We believe trust is something to be earned.

We asked young people what helps them heal:

- Talking to someone you trust
- Thinking about good things in your life
- Taking a deep breath to remember the thing that helps you feel calm
- Art, music, sports, cooking, baking, reading, writing, gaming
- Getting outside in nature
- Talking to a counselor

During Hard Times

If you have had bad things happen, keeping it to yourself can be a lot.

You can't change the past, but you can change the future. You will get older. There are people who can help if you feel like you can't share anything.

Repeating, "This will change, this will change, this will change" can help you hold on in the rough spots.

There are people who care and won't judge, see the back of this card for anonymous support.

Helping a Friend

Do you have a friend that is being hurt or struggling with past or current harms? Try these steps to help them:

- Tell them what worries you and that you care.
- Talk in a private place, and don't tell other friends what they say.
- Make sure you have support, so you don't have to carry it alone.
- Give them a copy of this card, and tell them about the hotlines on it.
- If you or someone you know is feeling so sad that they plan to hurt themselves and/or wish they were dead—get help by calling National Suicide Prevention Hotline: Dial 988

You Aren't Alone

Sometimes people grow up facing mistreatment or other problems like:

- Being bullied or discriminated against or not loved
- Feeling unsafe in your neighborhood or not having enough to eat
- Caregivers/parents who have substance use or mental health issues
- Caregivers/parents humiliating you, or putting you down, or hurting you physically or sexually

No matter what, it isn't your fault.

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SAHM
SOCIETY FOR ADOLESCENT HEALTH AND MEDICINE

SCHOOL-BASED HEALTH ALLIANCE
The National Voice for School-Based Health Care

If you or someone you know is being hurt by a partner or need support in some other way please call/text these hotlines—they are free, open 24/7, and they don't report what you say to anyone:
1-800-331-9474 | Text "loveis" to 22522
For Queer youth:
Text "START" to 678-678
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Complicated Relationships

Sometimes people hurt you—could be parents, other adults, or people you are in a relationship with.

- Sometimes people touch us or hurt us in unwanted sexual ways.
- Sometimes we are treated or treat others badly physically or mentally.
- Sometimes hurting others or being hurt ourselves makes people feel ashamed or afraid they can't change.

If you are being hurt or are hurting someone and want help to change—see the back of this card.

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Text trained counselors for free about anything else that's on your mind
Text "HELLO" to 741741

Funded in part by the U.S. Department of Health and Human Services and Administration on Children, Youth and Families (Grant #90EV0529).

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Universal Education and Empowerment

1

"Because stress & violence is so common for many of my clients I see, I started to talking to all of them about this.

2

I give everyone 2 cards in case you are ever struggling in your relationship(s) or if you know someone who is struggling.

3

This card talks about relationships and how they can affect our health. On the back of the card, it has resources you can call or text for free and it's anonymous. They have trained advocates who are not judgmental and give support and advice for complicated relationships both for people who are being hurt and those that cause hurt.

[READ A PROMPT/OR HAVE THEM READ IT TO THEMSELVES] You can always share this information with friends and family too and talk to me as well."

Using CUES



Disclosure is not the goal

but *disclosure may happen*

Thank you for trusting me with your story.	You are not alone.	This sounds really difficult.
Support is available.	It takes a lot of courage to talk about this.	No one deserves to be treated this way.
It's not your fault.	You are so strong.	I know you love your child(ren).

Supportive and validating responses

S: Support

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General Health

The National Domestic Violence Hotline is confidential, open 24/7, and has staff who are kind and can help you with a plan to be safer.

The Hotline
1-800-799-SAFE (1-800-799-7233)
TTY 1-800-787-3224 - www.thehotline.org

Text trained counselors about anything that's on your mind:
Crisis Text Line www.crisistextline.org
Text "START" to 741741

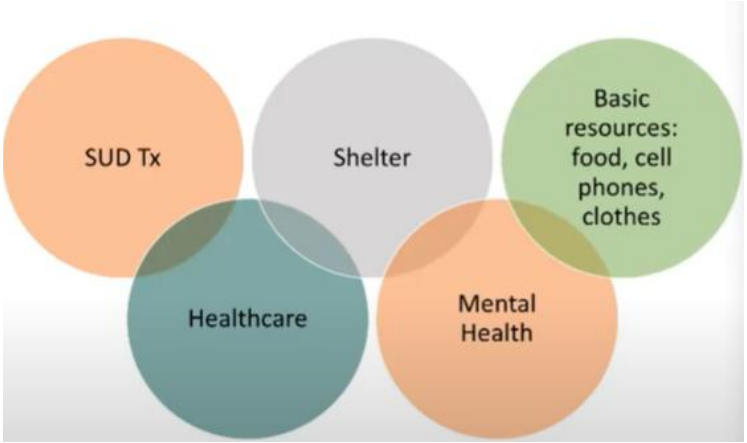


What to do after a disclosure:

1. Offer **gratitude** for sharing their story
2. Validate their experience, listen without judgement
3. Offer resources and make **warm handoffs,** in ways that are safe, to trusted support services
4. Consider safe ways to follow up
5. Safely document in medical record, if needed.

Community Partnerships

- **Everyone has a unique and important role** in supporting survivors and their families
- You don't need to be an DV/IPV expert
- Build partnerships with community-based organizations you know and trust
- DV/IPV support services and family serving organizations provide critical services
    - Safety planning, shelters and housing support, counseling, family services, legal advocacy, employment support, etc.



Bi-directional partnerships are key!

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



DV Advocacy Partner

Supports survivor safety, self-determination, and connection



Warm referral from DV program to home visiting program

Warm referral from home visiting program to DV program



Health Partner

Supports survivor health and well-being

Strategies for Building Partnerships

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

Warm handoff to trusted resources

"Thank you for sharing your story with me. This sounds really difficult. I want you to know that ***I am here to support you and your family****. We work closely with a local program that has helped a lot of people in situations like yours. Would you like me to connect you with them? They can talk with you about options and explore what might be the most helpful for you."*

Warm Handoff to DV Programs

Domestic Violence Shelter Hotlines	
AGENCY	24 HOUR HOTLINE
1736 Family Crisis Center	(213) 745-6434
Antelope Valley DV Council (Valley Oasis)	(661) 945-6736
Center For The Pacific Asian Family, Inc. (CPAF)	(800) 339-3940
Child & Family Center	(661) 259-HELP (4357)
East LA Women's Center (ELAWC)	(800) 585-6231
Haven Hills, Inc.	(818) 887-6589
House of Ruth, Inc.	(877) 988-5559
Interval House	(562) 594-4555 (714) 891-8121
Jenesse Center, Inc.	(800) 479-7328
Jewish Family Service of Los Angeles	English and Spanish (818) 505-0900 • (323) 681-2626
The People Concern (Sojourn)	(310) 264-6644
Rainbow Services, Ltd.	(310) 547-9343
South Asian Helpline & Referral Agency (SAHARA)	(888) 724-2722
Angel Step Inn	(323) 780-4357
Su Casa Ending Domestic Violence	(562) 402-4888
Women's and Children's Crisis Shelter	(562) 945-3939
WomenShelter of Long Beach	(562) 437-4663
YWCA of Glendale	(888) 999-7511
YWCA of San Gabriel Valley	(626) 967-0658

Local DV programs and hotlines in Los Angeles County

http://publichealth.lacounty.gov/dvcouncil/resources/docs/DVShelter-24hrHotlines.pdf

Shifting from Mandatory Reporting to Mandatory *Supporting*

50%

Report mandatory reporting made the situation “much worse”

Potential negative consequences of reporting

- Increased risk for retaliation by partner
- Broken sense of trust with the provider or health care system
- Decreased health care utilization by patient
- Providers’ fear of this may prevent screening, education and response

Mitigating harm with mandatory reporting

- Know your state laws and what warrants a child welfare referral
- Recognize that many types of IPV are **not** reportable
- Review your written policies on reporting & responding to IPV
- Prioritize **support for survivors** if filing is indicated
- Consider survivor autonomy and safety
- Always inform of the need to report before filing
- Never report alone

Support Mandated Reporting

“Remember at the start of this visit when we talked about situations where I would have to get others involved to help keep you safe? This is one of those times. I know it took a great deal of courage to share this with me, and we need to make sure that you are safe (and your children). I will need to report what happened to you and I really would like your help making sure that I understand all of the things you need to make this as safe and supportive as possible for you.”

Using CUES

- During all clinical visits
- When the patient is alone
- With every person regardless of age, gender and orientation
- Independently or paired with a checklist assessment

What folks say about CUES

Providers:

- Increases trust and good rapport
- Provides information for everyone
- Helps clients/patients engage
- Can take about 30 seconds
- Very well accepted by survivors
- Does not require a disclosure

Client Feedback



"I wish someone had given this to me 10 years ago."

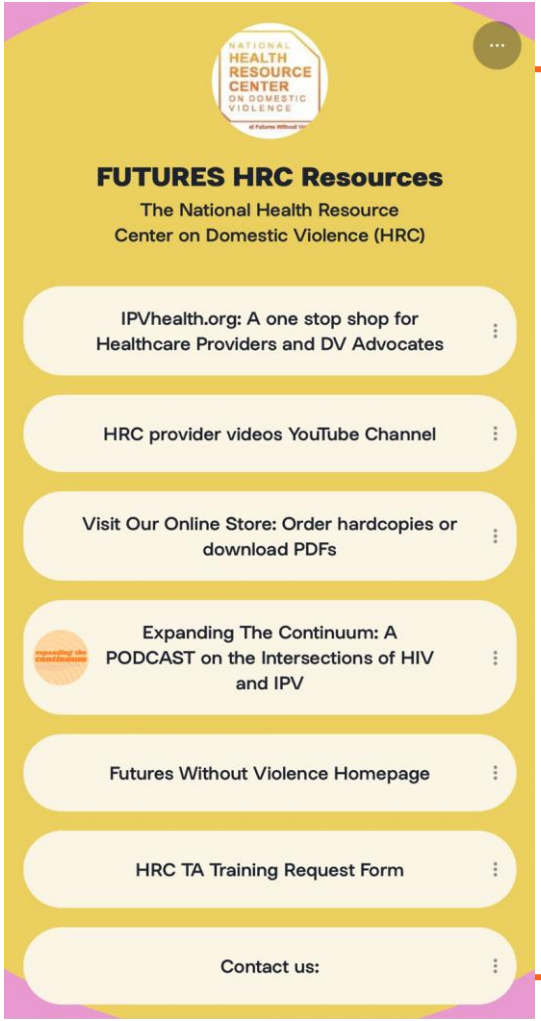


"I experienced this in a past relationship."



"I know somebody who can use this card."

Resources



https://linktr.ee/futureshealth

Safety Cards + Resources

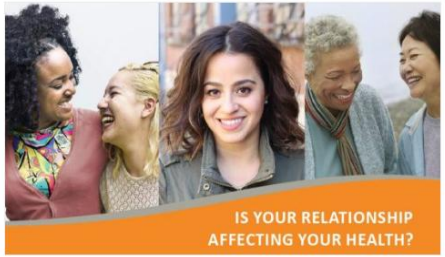
Healthy relationships between parents and kids



Website

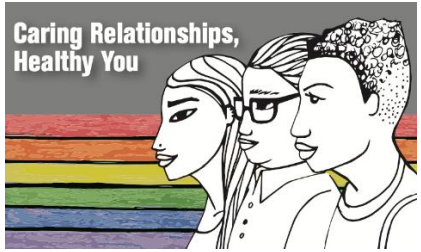
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Healthy relationships









Visit the Future Without Violence to access the safety cards
https://store.futureswithoutviolence.org/shop/

CUES AN EVIDENCE-BASED INTERVENTION TO ADDRESS DOMESTIC AND SEXUAL VIOLENCE IN HEALTH SETTINGS

shown to improve health and safety outcomes for survivors

Survivors say they want health providers to:
Be nonjudgmental * Listen * Offer information and support * Not push for disclosure

C: Confidentiality

- Know your state's reporting requirements and share any limits of confidentiality with your patients.
- Always see patients alone for part of every visit so that you can bring up relationship violence safely.

! *Make sure you have access to professional interpreters and do not rely on family or friends to interpret.*

"Before we get started I want to let you know that I won't share anything we talk about today outside of the care team here unless you were to tell me about [*find out your state's mandatory reporting requirements*]."

UE: Universal Education + Empowerment



Safety cards are available for different settings, communities and in a variety of languages at ipvhealth.org

- Give each patient two safety cards to start the conversation about relationships and how they affect health.
- Open the card and encourage them to take a look. Make sure patients know that you're a safe person for them to talk to.

! *Offering safety cards to all patients ensures that everyone gets access to information about relationships, not just those who choose to disclose experiences of violence.*

"I'm giving two of these cards to all of my patients. They talk about relationships and how they affect our health. Take a look, and I've also included one for a friend or family member. On the back of the card there are resoureces you can call or text, and you can always talk to me about how you think your relationships are affecting your health. Is any of this a part of your story?"

Provider Resource

S: Support

- Though disclosure of violence is not the goal, it will happen -- know how to support someone who discloses.
- Make a warm referral to your local domestic/sexual violence partner agency or national hotlines (on the back of all safety cards).
- Offer health promotion strategies and a care plan that takes surviving abuse into consideration.

! *What resources are available in your area for survivors of domestic and sexual violence? How about for LGBTQ, immigrant, or youth survivors? Partnering with local resources makes all the difference.*

"Thank you for sharing this with me, I'm so sorry this is happening. What you're telling me makes me worried about your safety and health...

A lot of my patients experience things like this. There are resources that can help. [*Share name, phone and a little about your local DV program*] I would be happy to connect you today if that interests you."

For more information or to order materials contact the National Health Resource Center on Domestic Violence: M-F 9am-5pm PST | 415-678-5500 | TTY: 866-678-8901
health@futureswithoutviolence.org
ipvhealth.org | for community health centers: ipvhealthpartners.org

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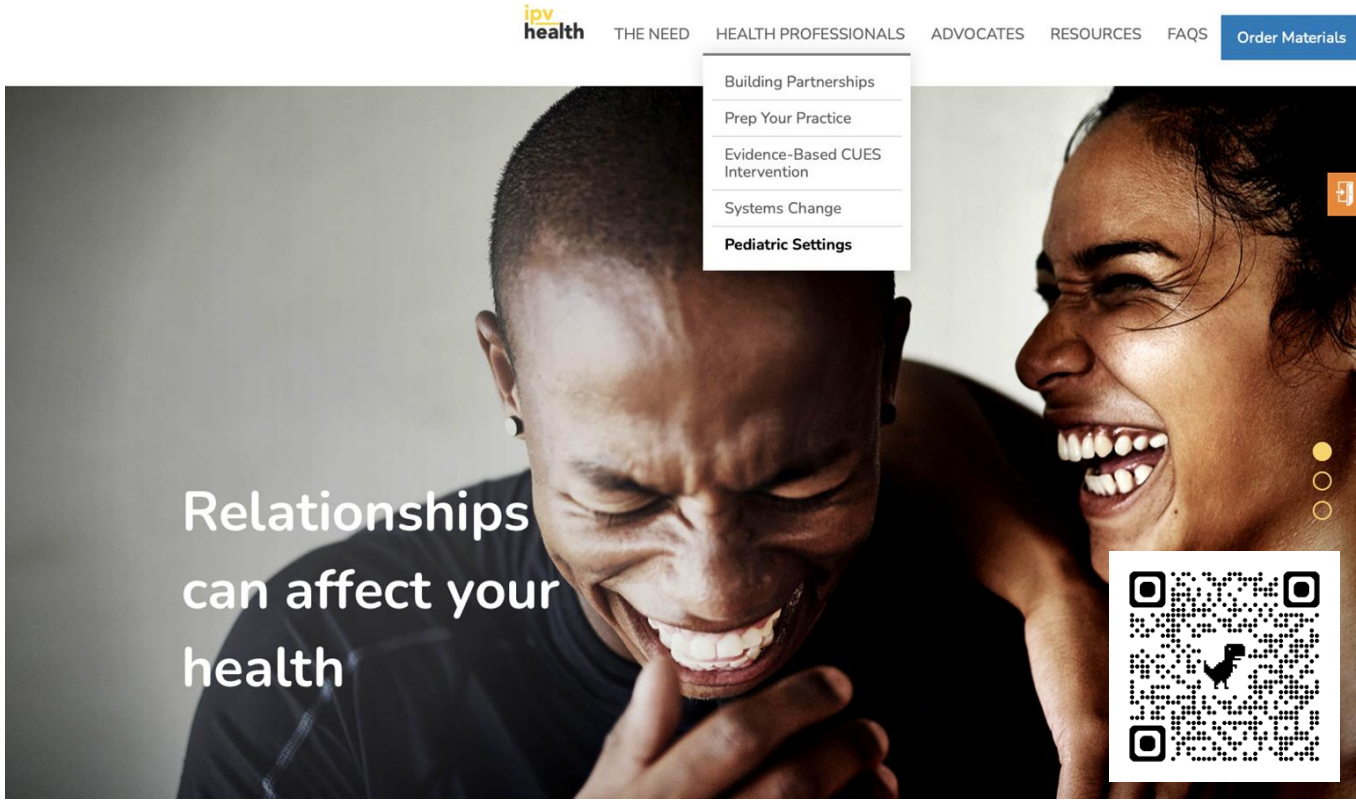
- place this poster in your health staff bre

https://store.futureswithoutviolence.org/product/cues-poster/

IPVHealth.org

Online toolkit:

- Implementing CUES
- Developing partnerships
- Changing practice
- NEW! Addressing caregiver IPV in pediatric settings



CUES Resources

CUES Resources

Steps of the CUES Intervention

1. **C: *Confidentiality***
   Try to talk to clients alone. Understand your reporting requirements and explain your limits of confidentiality to clients in ways they can understand. If you are a mandated reporter, then you will have to submit a report if it's necessary.
2. **UE: *Universal Education + Empowerment***
   Use our safety cards to talk with all clients about healthy relationships and assessing for violence. Always give at least two cards to each client so that they can share with friends and family.
3. **S: *Support***
   Disclosure is not the goal, but it will happen. Make a warm referral to your DV partner.

Providing Universal Education Cheklist:

- Confidentiality
- Normalize the conversation
- Make the connection (go over the card)
- Share resources

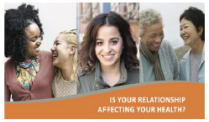
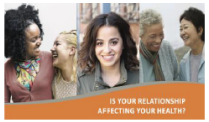
Order Printed Safety Cards or Download for Free - https://store.futureswithoutviolence.org/product-category/product-type/brochures-safety-cards/ - For Parents: Connected Parents, Connected Kids - For Relationships: Do you know if your relationship is affecting you?		
Free Training and Technical Assistance Tools National Health Resource Center on Domestic Violence https://futureswithoutviolence.org/initiative/national-health-resource-center-on-domestic-violence/	NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE (HRC)	
CUES Resources LinkTree – Future Without Violence https://linktr.ee/futureshealth		

CUES Script

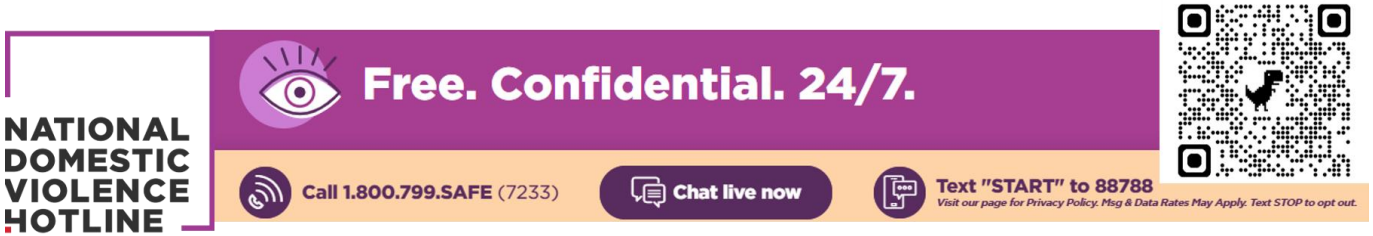
Universal Education for DV/IPV Sample Scripts

This resource is meant to help you get started with providing universal education on healthy relationships and assessing for violence to all clients. The safety cards from Futures Without Violence help us have open conversations, provide anticipatory guidance and share resources with clients.

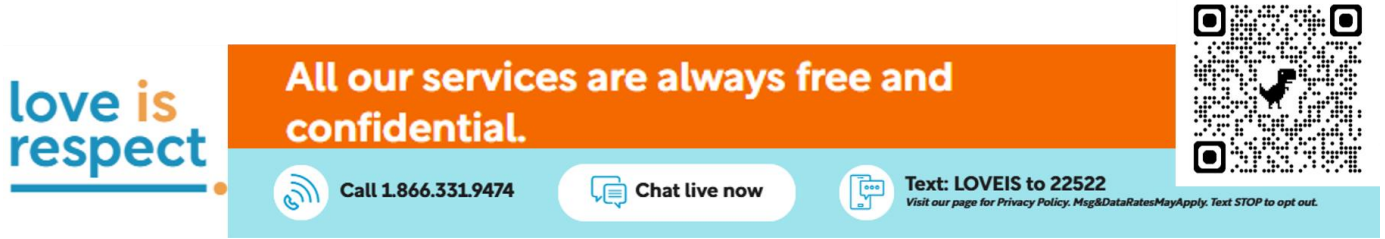
The scripts are intended to be adapted to support the needs of every unique client. You are encouraged to use these scripts as a starting point, then make them your own, and finally, find ways to have these conversations naturally with clients in ways that connect with other issues being addressed *(contraception, coercion, abortion, stress in pregnancy, breastfeeding, maternal mental health, etc.)*

Getting started with universal education on healthy relationships and assessing for violence	
Confidentiality and Your Limits to Confidentiality - Before you introduce the card - Before you open any conversations about safe and healthy relationships	*"Before we get started, I want to let you know that everything we talk about is confidential, which means it's private. I won't share anything we talk about today outside of the care team unless you tell me someone is hurting you physically or sexually or you are thinking about hurting yourself or others**, then I will need to share with others it in order to keep you safe and get you help."* ***or replace with your state's reporting requirements*
Normalize the Conversation - Introduce 2 safety cards   	*"Because stress & violence is so common for so many clients I see, I started talking to all of them about this.* *I give everyone 2 cards in case you are ever struggling in your relationship(s) or if you know someone who is struggling."*

National Resources



https://www.thehotline.org/



https://www.loveisrespect.org/

Hotlines are available 24/7 and are confidential.
Friends and family can call a hotline too.

Local Resources

Los Angeles County DV Hotline
800-978-3600 (enter zip code)

Call 211
https://211la.org/

LA County DV Council Website
Publichealth.lacounty.gov/dvcouncil

Los Angeles County Office of Violence and Prevention
http://www.publichealth.lacounty.gov/ovp/24Hour_CrisisHotlines.htm

Reproductive Coercion Guide for Advocates



Addressing Reproductive Coercion in Intimate Partner Violence (IPV):
A Guide for Advocates

Content warning: *This document provides information about difficult subjects, including intimate partner violence (IPV) and abuse. While the content was developed with concern for reader sensitivity, discretion is still advised.*

People experiencing IPV often are denied the ability to make decisions about their own lives and bodies, including in matters related to reproductive health. This guide compiles information to improve education, support, and access to services for survivors of IPV, with the aim of enhancing reproductive autonomy and control, as well as overall health, safety, and wellbeing.

What is reproductive coercion?

Reproductive coercion is an umbrella term for any behavior that seeks to maintain power and control over someone's reproductive health.

It often takes place in the context of other forms of violence or abuse. Reproductive coercion includes attempts to interfere with contraceptive use, pregnancy decision-making, and protection from sexually transmitted infections. It may involve use of **force, verbal threats, pestering, tampering with birth control methods, or other actions**. Reproductive coercion may or may not involve explicit violence or force, but **all forms of reproductive coercion are abuse**.

USC Institute on Inequalities in Global Health

County of Los Angeles Public Health

http://publichealth.lacounty.gov/owh/Abortion/index.htm

Questions?

Thank you!

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