How does a community service organization educate health professionals about Domestic Violence and develop partnerships?

Next Door Solutions to Domestic Violence
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Pronouns: She/Her/Ella
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Prevention Program

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Poll
Today we want to pause and acknowledge that here in San Jose we live on the unceded land of the Ohlone and Muwekma people.

Today we practice recognizing the original caretakers of these Sacred Lands.

Today we recognize that the Ohlone people have never lost their connection to this land.

Today we recognize our elders, past, present, and future generations.

Today we recommit to continue/begin the work to dismantle ongoing legacies of the systems of colonialism, racism, and oppression by institutional settlers.

Today we acknowledge the interruption of how colonization imposed white supremacy on indigenous communities here and all over the world.

Today we acknowledge the connection between land recognition and domestic violence; since the are based on violent beliefs that both earth and bodies could be possessed and consumed.

The work we do in community serves to change this and therefore honor and pause to recognize where we come from; which will help us advance in the creation of new systems for all without violence.

https://native-land.ca/
Next Door Solutions was the first domestic violence shelter in the nation to offer bilingual English-Spanish services and only the second domestic violence agency in California.
Poll
Our mission is to end domestic violence in the moment and for all time.

We will reduce and end domestic violence through comprehensive quality services, unwavering survivor defined advocacy and collaborative strategic initiatives that target individuals, relationships, community norms, and societal attitudes.

We seek a community environment that breaks the silence and makes domestic violence and other forms of gender-based violence unacceptable.
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<th>Our Programs and Services</th>
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<td><strong>Initiatives:</strong> Domestic Violence &amp; Healthcare; Men, Boys &amp; Gender-based Violence</td>
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The single largest cause of injury is to women ages 15-44 years old.

1 of 4 women and 1 in 10 men will experience domestic violence in their lifetime.

Over 15 million children in the U.S. are exposed to DV and suffer short and long term negative effects.

In total, DV shelter agencies in Santa Clara County received over 21,000 hotline calls last year.

Next Door Solutions answered over 12,728 of those calls.
Violence and Impact on Health

- They can be immediate and acute, long-lasting and chronic, and/or fatal.
- The more severe the abuse, the greater its impact on physical and mental health.
- Negative health consequences may persist after the abuse has stopped.
INTIMATE PARTNER VIOLENCE

PHYSICAL TRAUMA
- INJURY
  - musculoskeletal
  - soft tissue
  - genital trauma
  - other

MENTAL HEALTH PROBLEMS
- PTSD
- anxiety
- depression
- eating disorders
- suicidality

PSYCHOLOGICAL TRAUMA/STRESS
- MENTAL HEALTH PROBLEMS
- INJURY

FEAR AND CONTROL
- LIMITED SEXUAL AND REPRODUCTIVE CONTROL
  - lack of contraception
  - unsafe sex

- HEALTH CARE SEEKING
  - lack of autonomy
  - difficulties seeking care and other services

- PERINATAL/MATERNAL HEALTH
  - low birth weight
  - prematurity
  - pregnancy loss

- SEXUAL AND REPRODUCTIVE HEALTH
  - unwanted pregnancy
  - abortion
  - HIV
  - other STIs
  - gynaecological problems

NONCOMMUNICABLE DISEASES
- cardiovascular disease
- hypertension

SOMATOFORM
- irritable bowel
- chronic pain
- chronic pelvic pain

SUBSTANCE USE
- alcohol
- other drugs
- tobacco

DISABILITY

DEATH
- homicide
- suicide
- other

( WHO, 2013 )
Types of ACES

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce

Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation
What Impact do ACEs Have?

**BEHAVIOR**
- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Missed work

**PHYSICAL & MENTAL HEALTH**
- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- STDs
- Heart disease
- Cancer
- Stroke
- COPD
- Broken bones

Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation
Poll
Victim/Survivor Perspective

- Victim’s fear of being targeted in an investigation and losing their children in the process.
- Regret decision to report abuse.
- When interviewed are hesitant to disclose information.
- Attempting to leave a relationship is the most dangerous time. This includes reporting the abuse.
- Risk of homelessness.
- Provide as much transparency when making a report.

What other challenges have you heard of?
Challenges for Patients

- FEAR - disclosure may lead to reports to child protective services, police or abuser.
- Loss of confidentiality of their medical records
- Abuser threats and control
- Stigma and shame
- Not a health issue
- Language, culture or religion
- Immigration status
- Gender identity/Sexual orientation
Challenges for Providers

- Discomfort with issues of violence and abuse
- IPV not considered a health issue
- Feeling powerless & not knowing what to do
- Personal attitudes and misconceptions
- Lack of education or expertise
- Discomfort with a healthcare team approach
- Time constraints
- Personal experiences with domestic violence, child abuse or being an abuser
Research shows that women who talked to their healthcare provider about the abuse were:

- 4 times more likely to use an intervention
- 2.6 times more likely to exit the abusive relationship

(McClosky et al. 2006)
What Works?

- Health responders can be a lifeline.
- Offer universal education about intimate partner violence and where to get help.
- Provide information to all patients regardless of disclosure.

UNIVERSAL EDUCATION
The primary goal of universal education

Is **NOT** to have the patient disclose-

Is to build trust & connect patients to resources sooner rather than later
CUES: Evidenced-based intervention

C **Confidentiality.** Discuss limits to confidentiality and speak with patient alone.

UE **Universal Education and Empowerment.** Provide universal education about healthy relationships and how to help a friend.

S **Support.**
- If domestic violence is disclosed:
  - Offer harm reduction strategies
  - Make a warm referral to advocacy services
- If domestic violence is not disclosed:
  - Provide information about resources
1. Normalize it: “We’ve started giving this information to our patients.”

2. Summarize: "It talks about healthy and safe relationships, and how relationships affect your health.”

3. Empower: “We give this to everyone so they know how to get help for themselves if they need it, and/or how to help a friend or family member…”
Warm referral as a key component

- Increases likelihood of successful referral
- Opportunity for immediate in-person or phone safety planning
- Coordinated care

“If you are comfortable with this idea, I would like to call my colleague (fill in person's name), she has helped many people who have been in similar situations.”
How do we get providers/clinics to adopt this intervention and partner with Next Door Solutions
Establishing Partnerships

- Promote bi-directional warm referrals
- Support staff wellness and healing
- Rely on partners expertise
- Improve health outcomes
- Enhance trauma informed approach
Partnership Opportunities

- Presentations
- Cross-training
  - Site visits
- MOU
  - Rely on partner expertise
  - Protocol recommendations
- Apply for funding
- Bi-directional warm referrals
- Co-located advocate
What does partnership look like?

- MOU
  - consulting
  - mobile response
- Site visits
  - doctors
  - residents
- Presentations/trainings
- Learning network
- Direct Contact
What do survivors

- “It is difficult to disclose what is happening. Most survivors want help, but worry about the implications of disclosing. (mandated reporting and or police involvement, deportation for the undocumented)”
- “Provide the information and resources to all patients not just the ones that say yes.”
- When someone is in a situation like that it’s really hard to make that decision (of disclosing) even if you’re alone in the room.
- Doctors need to know about the resources and need to know where to get help if someone says yes. When I said yes the doctor did not know what to say or do.
- It’s important to make history of violence part of your wellness plan to promote healing.
Next Door Solutions To Domestic Violence
24/7 Hotline: 408-279-2962

SafeChat: a confidential online chatting platform to connect with an advocate for support safechatsv.org

National Domestic Violence Hotline
1-800-799-7233

Futures Without Violence National Health Resource Center on Domestic Violence
ipvhealth.org | CHCs: ipvhealthpartners.org | store.futureswithoutviolence.org

Mental Health Hotline
1-800-704-0900

Substance Use Services
1-800-488-9919

Suicide and Crisis Hotline
1-855-278-4204
or Text RENEW to 741741

National Domestic Violence Hotline
1-800-799-7233

Resources
Please keep in touch!

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