

# Health Responses to Intimate Violence

May 24, 2018



# Workshop Agreements

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- Assume that there are survivors among us
- Be aware of your reactions and take care of yourself first.
- Respect confidentiality.
- Grounded and present
- Request literacy moments
- Trust intent, Acknowledge impact
- Audience additions?



# History of this work

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- Mending the Sacred Hoop, Futures Without Violence, Sacred Circle, National Resource Center to End Violence Against Native Women
- 100 Indian, Tribal and Urban health care facilities, and domestic violence advocacy programs
- Lesson in the “Building a Domestic Violence Health Care Response in Indian Country”
- Helped to develop IPV GPRA Indicator



# Partnership

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**DV Advocacy  
Partner**

*Improve health and  
wellness for  
DV/SA/HT survivors*

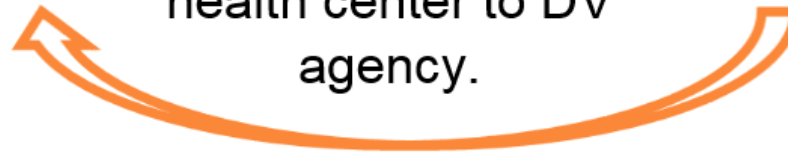


**Warm referral** from  
DV agency to health  
center



**Community Health  
Center Partner**

*Improve health and  
safety through CUES*



**Warm referral** from  
health center to DV  
agency.

*(See handout: “Building Sustainable and Fruitful  
Partnerships between CHCs and DV Advocacy Orgs”)*





**FUTURES**  
WITHOUT VIOLENCE<sup>®</sup>

**It Starts With Us: Moving Toward a Trauma-Informed Understanding of How Our Work Can Affect Us**



# Bearing Witness: Vicarious Trauma and Resilience

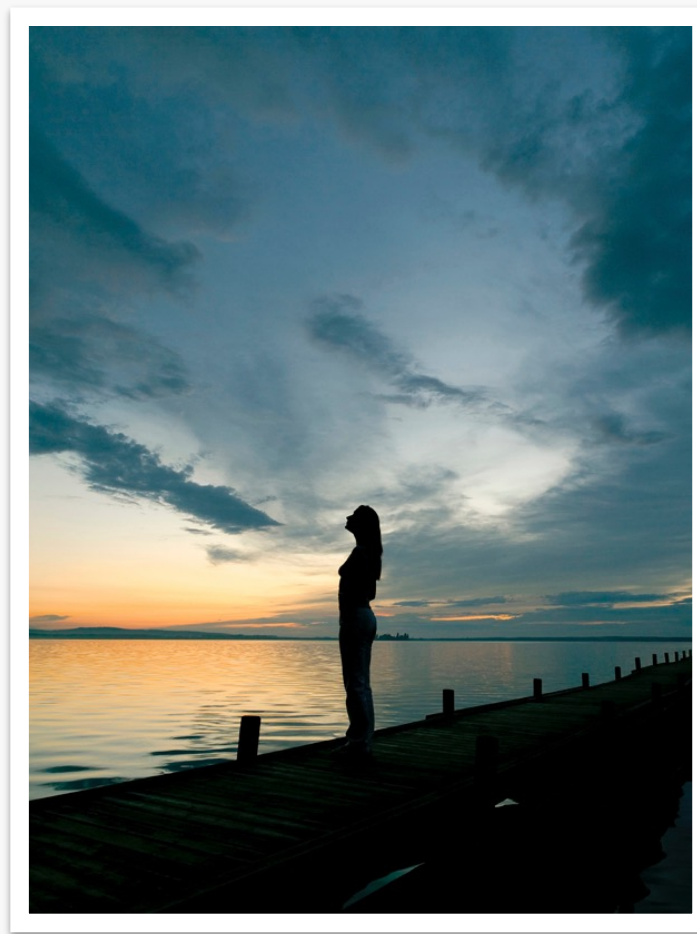
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**Vicarious trauma is a change in one's thinking [world view] due to exposure to other people's traumatic stories.**

(Dr. David Berceci, 2007)

*"It is very compelling to listen to women who share their stories. They might not have been willing to share before and now they feel safe enough. We recognize that they feel safe about that now."*

*— Donna Jensen, RN, Domestic Violence Program Director, Utah Navajo Health System*



# Personal Exposures to Violence and Secondary Traumatic Stress are Connected

7

- Lifetime exposure to violence is common
- Working with clients who are experiencing or have experienced trauma/violence can trigger painful memories and trauma
- Personal history of exposure to violence increases risk for experiencing secondary traumatic stress



# Trauma-Informed Organizational Tool

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## activity 3.3 The Organizational Self-Care Checklist

Instructions: Check off everything your organization currently does to support self-care.

### Training and Education

- The organization provides education to all employees about stress and its impact on health and well-being.
  - The organization provides all employees with education on the signs of burnout, compassion fatigue and/or vicarious traumatization.
  - The organization provides all employees with stress management trainings.
  - The organization provides all employees with training related to their job tasks.
  - Staff are given opportunities to attend refresher trainings and trainings on new topics related to their role.
  - Staff coverage is in place to support training.
  - The organization provides education on the steps necessary to advance in whatever role you are in.
  - Other: \_\_\_\_\_
- ### Support and Supervision
- The organization offers an employee assistance program (EAP).

- Employee job descriptions and responsibilities are clearly defined.
- All staff members have regular supervision.
- Part of supervision is used to address job stress and self-care strategies.
- Part of supervision is used for on-going assessment of workload and time needed to complete tasks.
- Staff members are encouraged to understand their own stress reactions and take appropriate steps to develop their own self-care plans.
- Staff members are welcome to discuss concerns about the organization or their job with administrators without negative consequences (e.g., being treated differently, feeling like their job is in jeopardy or having it impact their role on the team).
- Staff members are encouraged to take breaks, including lunch and vacation time.
- The organization supports peer-to-peer activities such as support groups and mentoring.
- Other: \_\_\_\_\_

*continued on next page*

- Includes a self–assessment handout for employees
- Checklist format for organizations to evaluate:
  - Training and education
  - Support and supervision
  - Communication
  - Employee control and input
  - Work environment

From *What About You?: A Workbook for Those Who Work with Others*, The National Center on Family Homelessness. 2008.

<http://508.center4si.com/SelfCareforCareGivers.pdf>





# Workplace Toolkit for Harassment and SV

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## FUTURES' Workplaces Respond Toolkit



- Poster for the workplace
- Safety Card for Employees
- Protection Order Guide For Employees
- Supervisor Training Video
- Quiz

[www.workplacesrespond.org](http://www.workplacesrespond.org)



# Mindfulness Based Intervention (MBI): To Increase Resiliency and Work Engagement

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## Intervention Arm:

- 40% reduction in stress hormones
- Significant difference in Breaths/30sec
- Significant increase in work engagement, vigor, and dedication (Utrecht scale)
- Increase in resiliency scores (Connor-Davidson Resiliency Scale)
- Improved job satisfaction scores

(Klatt et al., 2015)



Violence destroys.



Keep our families sacred.

Is someone hurting you?  
Talk to your health care provider. We can help.

To find help near you, call the National Domestic Violence  
Hotline at 1.800.795.7233 or 1.800.787.3224 (rvc)

TOGETHER, WE CAN STOP FAMILY VIOLENCE.

Family Violence  
Prevention Fund

## Power and Control: Definitions and Dynamics

**FUTURES**  
WITHOUT VIOLENCE®



# 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 use jealousy, social status, mental health, money and other tactics to be controlling and abusive – not just physical violence
- Leaving an abusive relationship is not always the best, safest or most realistic option for survivors



# Root of the Problem

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**heteronormativity**  
**ableism** **classism**  
**ageism**  
**transphobia**  
**racism**  
**sexism**

Domestic and sexual violence is upheld by systemic and institutionalized **oppression.**





Activists at the Oceti Sakowin Camp, photo by Joey Podlubny

*“I think it’s in all of our best interests to take on gender violence as a core resurgence project, a core decolonization project, a core of any Indigenous mobilization... This begins for me by looking at how gender is conceptualized and actualized within Indigenous thought because it is colonialism that has imposed an artificial gender binary in my nation.” —Leanne Betasamosake Simpson*

*“Understanding the history of violence against women and the dynamics of oppression, helps us to have a clearer understanding of what we do control and are accountable for as individuals. We have then cleared the path to reclaim our natural, traditional ways that lead us to a non-violent and respectful way of living.”*

*— Brenda Hill, South Dakota Coalition Against Domestic Violence and Sexual Assault*

# Why do people stay in abusive relationships?

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- Violence happens in a cycle
- Risk of leaving v. Risk of staying
- Violence is not always peoples' priority

We need to move away from asking:

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

**“What can I do to support this person so that they can make their own decisions?”**





# 39% OF NATIVE WOMEN HAVE EXPERIENCED INTIMATE PARTNER VIOLENCE

THIS RATE IS HIGHER THAN  
ANY OTHER ETHNIC OR RACIAL GROUP\*

\*ADVERSE HEALTH CONDITIONS AND HEALTH RISK BEHAVIORS ASSOCIATED WITH INTIMATE PARTNER VIOLENCE, UNITED STATES, 2005, MMWR FEBRUARY 8, 2008/ 57(05): 113-117.

#REDWOMENRISING



- **1 in 3** native women will be sexual assaulted in her life time.
- Many tribes and tribal health sites have developed **culturally specific domestic violence intervention and prevention**
- IHS made significant investments in **SANE/SART Programs**

<http://ccuih.org/red-women-rising/>



# Community Connection

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- The Elders  
Oraibi,  
Arizona Hopi  
Nation



# Two Spirit and LGBTQ Experiences of Violence

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- In one survey, nearly **1 in 3** LGBT Native Americans reported experiencing hate violence—a higher rate than any other LGBT group (Frazer and Pruden, 2010, p.10).
- Research with Native lesbian, bisexual, and Two Spirit women revealed high prevalence of both sexual (85 percent) and physical (78 percent) assault (Lehavot et al., 2009).



# Elders and IPV

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**For many middle-aged and older women, leaving may not be an option.**

- Studies have revealed that support must be within the context of their relationships and families to be viable. (Beaulaurier, 2006)



- Older victims often experience shame, pain, economic loss, spiritual and physical anguish, institutionalization, and poor quality of life.

(Beaulaurier, 2008; Brandl, 2007; Dong, 2010)



# More Than Broken Bones and Black Eyes

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## ***Women who have survived intimate partner violence are more likely to develop Type 2 Diabetes***

- Asthma
- Bladder and kidney infections
- Circulatory conditions
- Cardiovascular disease
- Fibromyalgia
- IBS
- Chronic pain syndromes
- Central nervous system disorders
- Gastrointestinal disorders
- Joint disease
- Migraines and headaches

***Native American IPV survivors were more likely to need medical care because of a physical assault***



# Traumatic Brain Injury and Strangulation

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Studies show a range of **40%-91%** of women experiencing IPV have incurred a traumatic brain injury (TBI) due to a physical assault (Campbell, 2018)



More than  
**two-thirds**  
of IPV victims are **strangled**  
at least once  
{ the average is **5.3** times per victim }

(Chrisler & Ferguson, 2006; Abbott et al, 1995; Coker et al, 2002; Frye et al, 2001; Goldberg et al, 1984; Golding et al, 1999; McLeer et al, 1989; Stark et al, 1979; Stark & Flitcraft, 1995)

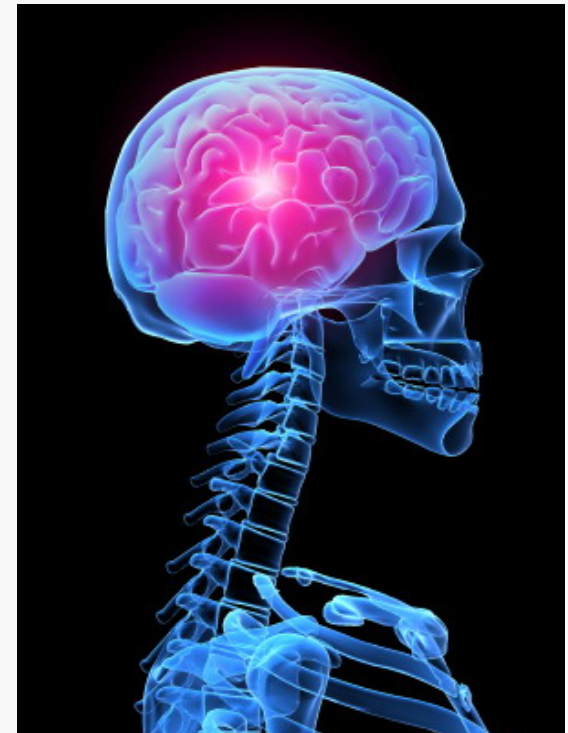


# Understanding Strangulation and Traumatic Brain Injuries

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- Common form of physical violence that is often repeated
- Not always immediate physical repercussions
- Even if it is not painful, can leave marks, make voice raspy, or break blood vessels in eyes, it is still cutting off oxygen to the brain.
- Victims can die from TBI hours or days after the assault

(Training Institute on Strangulation Prevention, 2017)



**Pointer - Google “HELPS screening tool for traumatic brain injury”**



# Video: “Eileen—ER Visit: Asthma”

23



The following FUTURES video highlights the importance of including IPV as part of differential diagnosis.

This video is available online: <https://bit.ly/2jdKqAL>



# Video Debrief

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- What worked well?
- What would you change?
- Are there considerations or questions specific to your setting? What is coming up for you?
- What is the *harm reduction strategy* that we need to consider for Eileen?





# IPV and Behavioral Health Co-Morbidities

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- **Anxiety and/or depression**
- **Post-traumatic stress disorder (PTSD)**
- **Antisocial behavior**
- **Suicidal behavior**
- **Low self-esteem**
- **Emotional detachment**
- **Sleep disturbances**
- **Substance dependency**

(Tjaden P, et al 2000; Coker AL, et al, 2002)



**Research suggests that women may also be more likely than men to use prescription opioids to self-medicate for other problems including anxiety or stress.** (McHugh 2013)



# Mental Health and Substance Use Coercion

26

**Abusers rely on stigma related to mental health and substance abuse to undermine and control their partners.**

(Warshaw, 2014)



# Opioids and Trauma

27



- **IPV, Historical Trauma strong indicators for opioid use and overdose.**
- **Survivors more susceptible to violence and coercion when using**
- **Tribes are suing pharmaceutical companies for negligent conduct – or targeting their communities.**

(Smith, 2012)



# Young women: experience and impact

28

## Young survivors have higher rates of:

- Depression and anxiety
- Disordered eating
- Suicidality
- Substance abuse

**Many communities have prevention and healing programs that are targeted towards young people and focus on connection to cultural identity**



(Silverman, 2001)



# Cyber Relationship Abuse Rarely Happens in Isolation

29

## Technology-based harassment is a red flag for other abuse

- **84%** of the teens who report cyber abuse said they were also psychologically abused by their partners
- **52%** say they were also physically abused
- **33%** say they were also sexually coerced

(Zweig, 2013)



# Perinatal Health

30



- Women who disclosed abuse were at an increased risk for rapid repeat and unintended pregnancy
- Late entry into prenatal care
- Increased incidence of low birth weight babies, preterm birth, and miscarriages

(Sarkar, 2008; Raneri 2007; Alhusen 2015; Lipksy 2009, Morales 2006, Silverman 2006)



# HIV and STIs and Women's Experiences with IPV

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Women disclosing physical abuse were **3 times** more likely to have an STI

(Machtiger, 2012; Black, 2011)

**Over half of women living with HIV have experienced domestic or sexual violence** —

considerably higher than the national prevalence among women overall

**(55% vs. 36%)**

(Machtiger, 2012; Black, 2011)



# Mindful Movement

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1. Stand up, or stay seated
2. Breathe in, palms up, arms out stretched
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





# Pregnancy Pressure and Condom Manipulation

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“Like the first couple of times, the condom seems to break every time. You know what I mean, and it was just kind of funny, like, the first 6 times the condom broke. Six condoms, that's kind of rare. I could understand 1, but 6 times, and then after that when I got on the birth control, he was just like always saying, like you should have my baby, you should have my daughter, you should have my kid”.

- 17 year old female who started Depo-Provera without partner's knowledge

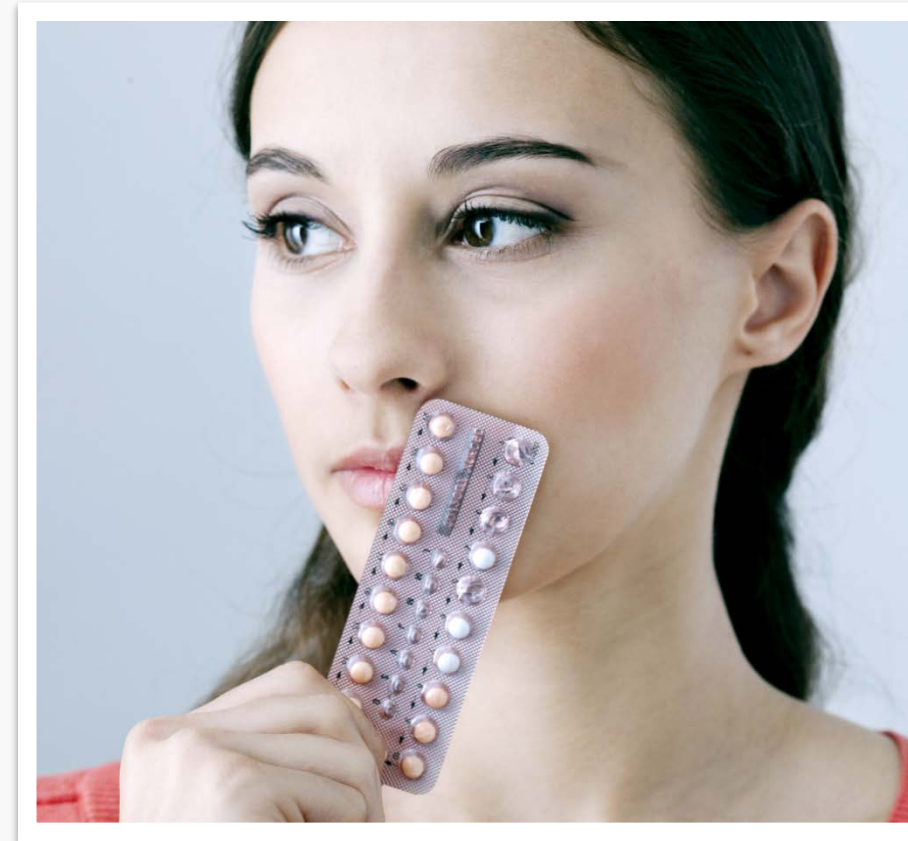
(Miller et al, 2007)



# Group Discussion

34

**What are other ways a partner can interfere with a female client's birth control?**





# Moving Beyond Screening Through CUES: An Evidenced Based Trauma Informed Approach to Address IPV

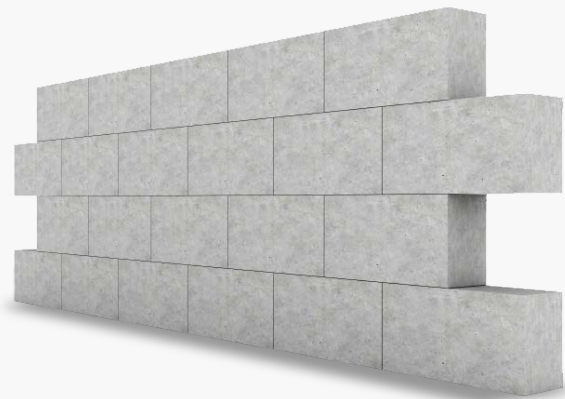


# Provider Barriers in Addressing IPV

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Clinicians identified the following barriers:

- Comfort levels with initiating conversations with patients about IPV
- Feelings of frustration with patients when they do not follow a plan of care
- Not knowing what to do about positive disclosures of abuse
- Lack of time
- Vicarious trauma or personal trauma
- Child protection service involvement (CPS) /Deportation reporting fears



# Healthcare Providers Make a Difference

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“We know [providers] are making a difference in the lives of women in their community because patients are offering their appreciation for taking the initiative to screen for domestic violence. Women express a sense of relief that they are able to tell what was going on in their lives, that they were finally asked.”

— Joyce Gonzales, CSAC II, IACC, CDVC-1, Feather River Tribal Health, Inc.

**FOUR TIMES  
more likely**  
to use an intervention  
such as:

- Advocacy
- Counseling
- Protection orders
  - Shelter
- or other services

(McCloskey, 2006)



# Group Discussion

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**What does it mean to have a trauma informed practice—  
what are the elements?**



# SAMHSA's Six Key Principles of a Trauma-Informed Approach

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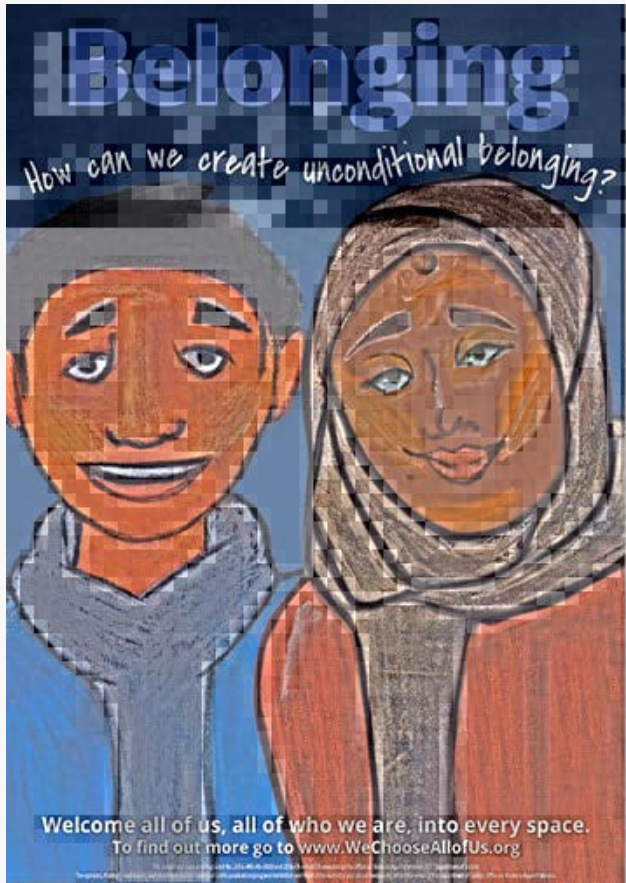
**Reflects adherence to six key principles rather than a prescribed set of practices or procedures:**

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



# Health Systems and Access

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Think of specific things within a health center that might make seeking health services inaccessible for these folks:

Historical and cultural trauma survivors, Abuse/Violence Survivors, LGBTQ individuals, Undocumented People, People who do not speak English. People with Disabilities, People of Color,





# Why Medical Settings May be Distressing for People with Trauma Experiences:

41

- Invasive procedures
- Removal of clothing
- Physical touch
- Personal questions that may be embarrassing or distressing
- Negative past health care experiences (individual or community)
- Assuming gender of patient or their partner
- Language inaccess
- Fear of deportation/ICE
- Power dynamics of relationship
- Gender of health care provider
- Vulnerable physical position
- Loss of and lack of privacy
- Unfamiliar with provider, or health system



# Trauma Informed Practice Change

42

## ✓ **Consider language: spoken and written (on forms)**

- Update to be person centered: “a person living with a developmental disability” rather than “disabled person”
- LGBTQ parents and other care takers or guardians including grandparents or foster parents (avoid questions about “mother” “father”)
- Inclusive of all patients: two-spirit, transgender and other gender non-conforming persons
- Sexual partner(s) of different sexual orientations or gender identity

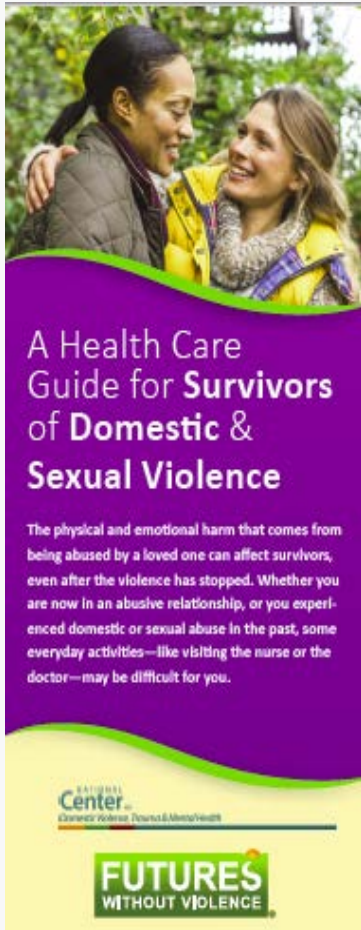
## ✓ **Include visual images and validating statements such as:**

- Imagery that reflects that your clinic is a safe space for all
- How to gain the help of professional interpreters (in multiple languages)
- “This center understands many clients have experienced trauma which can affect health and care. Please let us know if there’s anything your provider can do to make your visit most comfortable and safe for you”.



# Trauma-Informed Client Health Brochure

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FUTURES worked in partnership with Olga Trujillo, JD and the National Center on Domestic Violence, Trauma & Mental Health to develop a health brochure for those who have survived childhood or adult violence/abuse.

## Helps patients with trauma-informed answers to the following questions:

- ✓ Why do I avoid visits, or have a hard time remembering what my provider tells me?
- ✓ What can I do to make my dental or health care visits less scary, or hard?



# Show of Hands

44

- How many of you have, or know someone who has ever left something out of a medical history or intentionally misreported information to their healthcare provider?
- Why? What were they worried about?



# Shifting From Bad Screening...

45

**“No one is hurting you at home, right?”**

(Partner seated next to client as this is asked — consider how that felt to the patient?)



**“Within the last year has he ever hurt you or hit you?”**

(Nurse with back to you at her computer screen)

**“I’m really sorry I have to ask you these questions, it’s a requirement of our clinic.”** (Screening tool in hand -- What was the staff communicating to the patient?)



# The **Heart** of Being Trauma Informed

46



**What if we  
challenge the limits  
of disclosure  
driven practice?**

(Miller, 2017)



# Universal Education

47

**Provides an opportunity for clients to make the connection between violence, health problems, and risk behaviors.**



**Provides an opportunity for health providers to shift power to patient**



# Safety Card

48

**Take a moment to read this card.  
What stands out for you?**





# Review Card and Debrief

49

- What did you notice about the first panel of the card?
- And the second panel?
- What about the size of the card?
- Do you think it matters that it unfolds?
- Why might this card be useful to a survivor of IPV?



# Changing the Way We Address IPV

50

**"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 so you have the info to help a friend or family member if it's an issue for them."**



# Why Altruism Matters

51

“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)



# **CUES:** An Evidence-based Intervention

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**C**onfidentiality

**U**niversal Education

**E**mpowerment

**S**upport



## CUES: Who/When?

53

**Who does it?** Every health center is different. May be medical assistants, behavioral health, providers (MD, NP, PA), or nurses.

**Who gets it?** Our evidence based intervention has been tested and crafted adolescents, women, LGBTQ-identified people, *meet your practice needs*

**When?** At least annually; with disclosures at next follow-up apt; new relationships; or onset of new health issues possibly connected to IPV



# CUES: Trauma Informed Intervention

54

**C: Confidentiality:** See patient alone and disclose limits of confidentiality

**UE: Universal Education + Empowerment—How you frame it matters**

***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—we can help with the health part."

**S: Support: harm reduction, warm referral**

"On the back of the card there are 24/7 hotlines that have folks who really understand complicated relationships."



# C: Traditional Script for Disclosing Limits of Confidentiality

55

“Before I get started, I want you to know that everything here is confidential, meaning I won’t talk to anyone else unless *I treat you for an injury* caused by abuse.”



# UE: Small Group Activity

56

Get into groups of three:

1. **observer** (*and keeps time*)
2. **client**
3. **staff person**

Then rotate so everyone gets a chance to be the provider.

**Staff person:** Introduces and hands two cards to the **client**. Keeping a third card for yourself after you give out two— open up card panels. Practice using the script.

**Client** and **Observer:** Take notes of what you liked about the provider's approach and words.





# CUES

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**UE: Universal Education + Empowerment—How you frame it matters**

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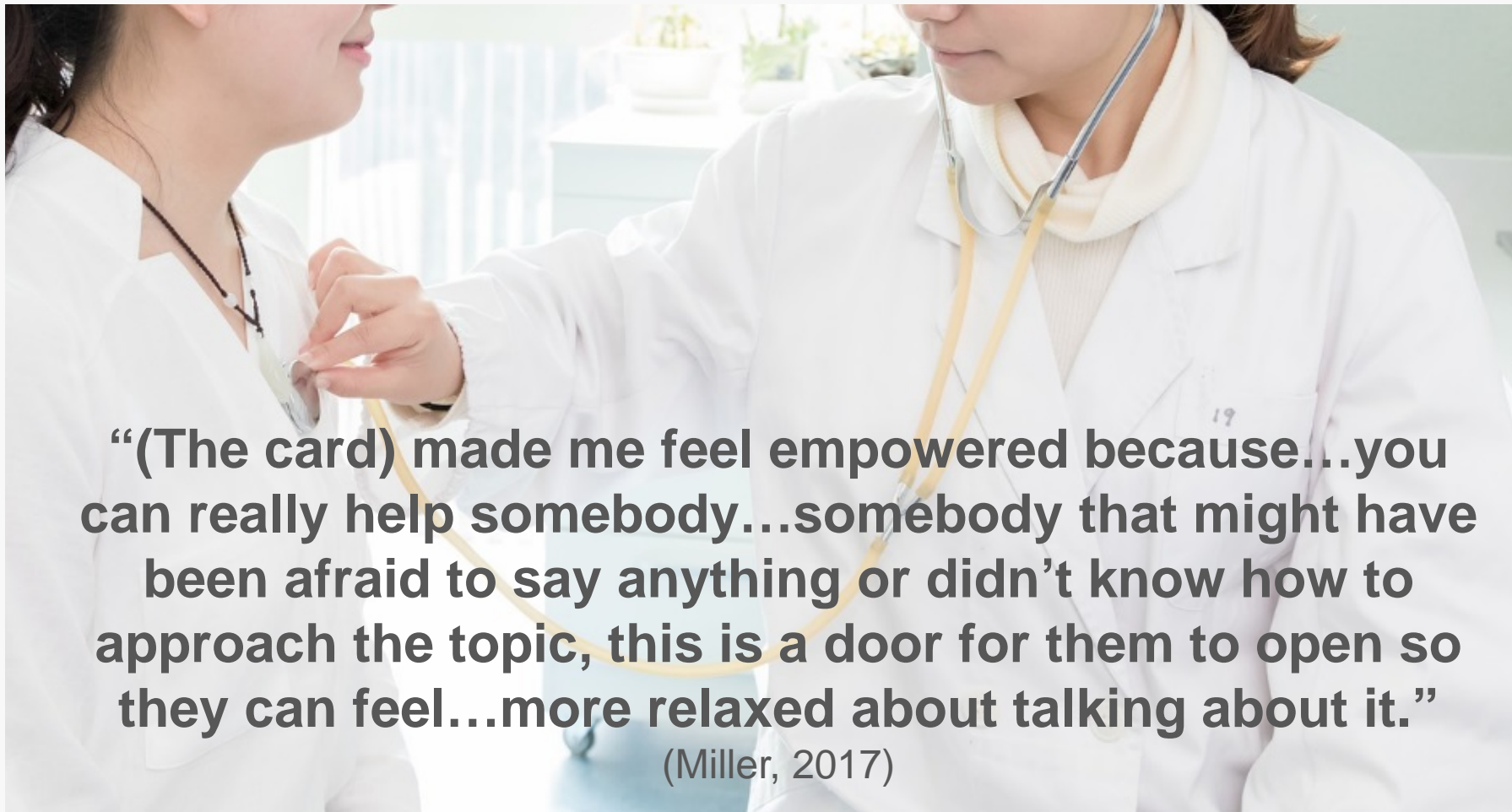
**S: Support:**

"On the back of the card there are a couple important things—also there is a safety plan and 24/7 hotlines that have folks who really understand complicated relationships."



# Empowerment: Provider Interview

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**“(The card) made me feel empowered because...you can really help somebody...somebody that might have been afraid to say anything or didn’t know how to approach the topic, this is a door for them to open so they can feel...more relaxed about talking about it.”**

(Miller, 2017)



# Group Brainstorm: Survivor Centered Health Promotion and Harm Reduction

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How do we validate that abusive partners often interfere with survivors' health and wellness and support survivors in their *own health priorities*?

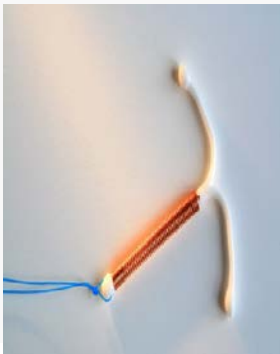
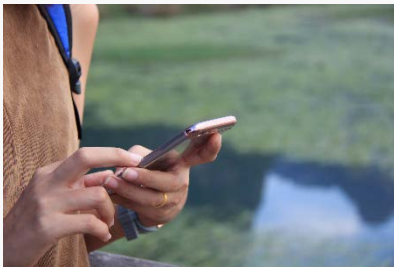
- Getting to appointments
- Support safer medication adherence
- Alternate forms of birth control
- Safer STI partner notification
- Exercise, sleep, pain management, eating
- Access to mental health services
- Support for sobriety or safer substance use
- What else?

***The goal: meet survivors where they are at and reduce barriers to wellness caused by abuse***



# Reproduction Autonomy Harm Reduction

60



- ✓ Copper IUD with the strings cut
- ✓ Emergency contraception (EC) and give extra doses
- ✓ STI partner notification in clinic vs. home
  - [www.inspot.org](http://www.inspot.org)
  - [www.sotheycanknow.org](http://www.sotheycanknow.org)
- ✓ Opting NOT to engage in partner notification
- ✓ Abortion counseling



# S: Important Reminder

61



**Disclosure  
is not the goal  
AND  
Disclosures do  
happen!**



# S: Positive Disclosure: One Line Scripts

62



- “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**



# S: Providing a “Warm” Referral

63



Collaboration enhances the safety of women. Somewhere down the line we will find less incidents of domestic violence. Women say, “if I hadn’t gone to the hospital, I wouldn’t have gotten help, I wouldn’t have gotten intervention.”

— Cheryl Neskahi-Coan, Former Executive Director, Family Harmony Project

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



# S: Partnering with DV/SA Programs

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“It is extremely important for whoever wants to improve their clinic’s response to get connected with their local domestic violence program. Build a relationship so that when they do the screening they are referring people to the proper programs. It would be detrimental if they are not doing this. They need to have a strong working relationship.”

— Simone Carter, RN Houlton Band of Maliseet Indians Health Clinic

- Healing practices
- Provide risk assessment, safety planning, and support
- Like domestic violence and sexual assault, human trafficking is about power and control and exploitation
- Survivors may have similar needs for basic services and safety planning
- Housing advocacy
- Legal information/advocacy/representation
- Support groups/counseling







## STRONGHEARTS Native Helpline

1-844-7NATIVE | [strongheartshelpline.org](http://strongheartshelpline.org)

### **StrongHearts Native Helpline**

[www.strongheartshelpline.org](http://www.strongheartshelpline.org)

1-844-7NATIVE (762-8483)

safe, anonymous and confidential service for Native Americans affected by domestic violence and dating violence and resource for health/service providers looking to find local partners  
Monday-Friday 9am-5:30pm CST

#### **National Domestic Violence Hotline**

<http://www.thehotline.org/>

1-800-799-SAFE (7233)

TTY: 1-800-787-3224

- Live chat 24/7/365
- En Español: 12pm-6pm Hora Central

#### **The Trevor Project**

[www.thetrevorproject.org](http://www.thetrevorproject.org)

866-488-7386

LGBTQ Youth

#### **National Sexual Assault Hotline**

<https://www.rainn.org/>

1-800-656-HOPE (4673)

#### **National Human Trafficking Hotline**

[www.humantraffickinghotline.org](http://www.humantraffickinghotline.org)

1-888-373-7888

Text Help to 233733 (BeFree)  
3:00pm-11:00pm EST

# Evidence in Support of CUES Intervention

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## Intervention Results:

Among women in the intervention who experienced recent partner violence:

- **71% reduction** in odds for pregnancy coercion compared to control
- Women receiving the intervention were **60% more likely** to end a relationship because it felt unhealthy or unsafe



(Miller et al. 2010)



# National Health Resource Center on Domestic Violence

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- Setting and population-specific safety cards
- Webinar series
- Training curricula + videos
- Clinical guidelines
- U.S. State & Territories reporting law information
- EHR and Documentation tools
- Posters
- Technical assistance



# Other Setting/Population-specific Safety Cards

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## Setting Specific and Topical

- Adolescent Health
- Behavioral Health
- HIV
- Home Visitation
- Pediatrics
- Primary Care (General Health)
- Reproductive Health and Perinatal

## Population Specific

- American Indian/Alaska Native
- College Campus
- Hawaiian Communities
- HIV+ and HIV testing
- Lesbian, Gay, Bisexual, Questioning (LGBQ)
- Parents
- Pregnant or parenting teens
- Transgender/Gender Non-conforming persons
- Women across the lifespan

*and coming soon...a new card for Muslim youth*

All cards are available in English and most are available in Spanish.

Primary care (general health) card is available in Chinese, Tagalog, and soon Vietnamese, Korean, Armenian and French



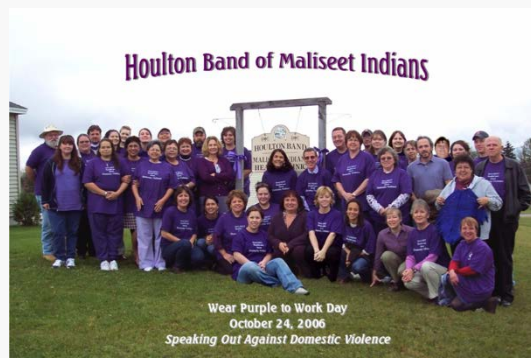
# Promoting Connection



Silent Witness display in DZ health center

## Strengthen Families Campaign

- Posters
- Brochures
- Billboard



Billboard in put up by MS Band of Choctaw

# Health centers are key to violence prevention

Information for promoting domestic violence and health partnerships for domestic violence/sexual assault advocates, and for health centers.

[www.ipvhealthpartners.org](http://www.ipvhealthpartners.org)

Online toolkit specifically designed to address intimate partner violence by and for community health centers in partnership with domestic violence programs





Thank you!

