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

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

😊

March 25, 2021
Tech Welcome: Using Zoom

- 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

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

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?

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

- 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
Why might someone stay in an abusive relationship?
Why people stay

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

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

- 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

**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.


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.lgbtqiahealtheducation.org/wp-content/uploads/Promoting-Health-Care-Access-to-LGBT-Farmworkers-Final.pdf
Intersection of Oppressions that may Impact Farmworker Experiences of IPV

**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)
Have you noticed an increase in patient disclosures of IPV throughout the COVID-19 pandemic?
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 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 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 chatter mentioned that the abuser was using the virus as a scare tactic to keep the survivor away from their kids.”
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](http://www.samhsa.gov/nctic/trauma-interventions)
# Vicarious Trauma and Resilience

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<th><strong>Vicarious Trauma</strong></th>
<th><strong>Burnout</strong></th>
<th><strong>Vicarious Resilience</strong></th>
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| A change in one’s thinking [world view] due to exposure to other people’s traumatic stories. | Syndrome of emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment and develops as a result of general occupational stress. | 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. |

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Local Partnerships are Meaningful

*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

**Warm referral** from domestic violence agency to health center

**Warm referral** from health center to domestic violence agency

**Community Health Center Partner**
Improve health and safety through “CUES”

Download a sample MOU:
https://ipvhealthpartners.org/partner/
About Domestic/Sexual Violence Advocacy Programs

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

National Domestic Violence Hotline
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

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

transLIFELINE
877-565-8860
www.translifeline.org/

The Trevor Project
www.thetrevorproject.org
866-488-7386 LGBTQ Youth
Health Impact of IPV
Health Care Providers Are Lifelines

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
Redefining Safety

- 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

Confidentiality
Universal Education
Empowerment
Support

Adolescent Safety Card Available in English and Spanish
CUES: An Overview

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.”
“...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

- “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

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

Society

Community

Interpersonal

Individual
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

• **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
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 online toolkit + CUES

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?
Thank you!

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