



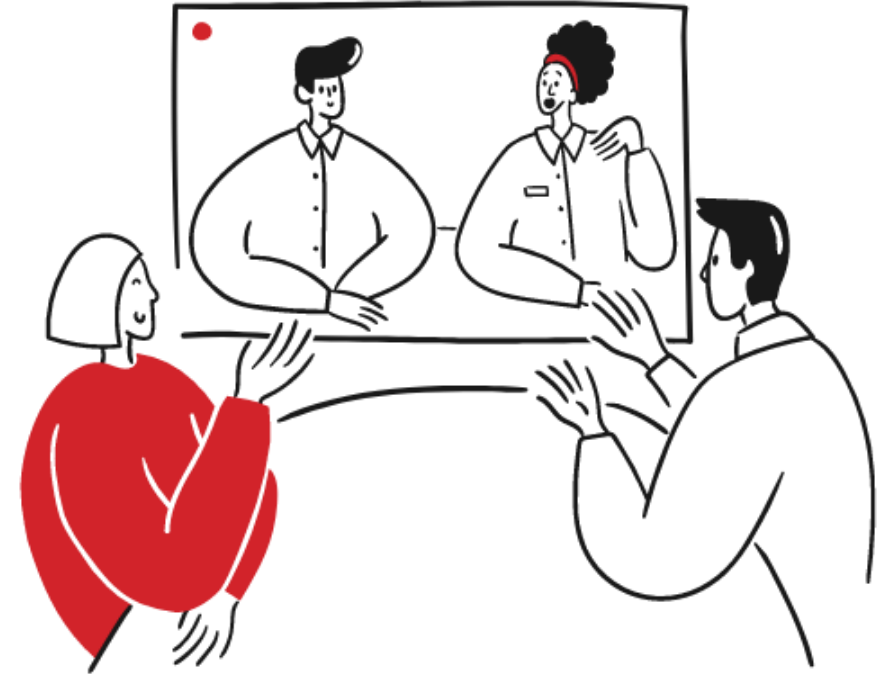
Building a Health Center Response to Intimate Partner Violence (IPV): Foundational Knowledge, Creating Partnerships and Utilizing Evidence-Based Strategies

Part 1 – IPV Basics

May 9th, 2025
12:00-1:00 PM

Housekeeping

- Welcome!
- Let's get to know each other - Take a moment to introduce yourself in the chat!
- **Please change your name to your full First and Last Name**
- **Please add your Health Center/Organization Name next to your name!**



Portions of this initiative are supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award to CHCANYS' New York State Primary Care Association (NYS-PCA) totaling \$1,932,890. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov)





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AGAINST DOMESTIC VIOLENCE

BUILDING A HEALTH CENTER RESPONSE TO INTIMATE PARTNER VIOLENCE (IPV): FOUNDATIONAL KNOWLEDGE, CREATING PARTNERSHIPS AND UTILIZING EVIDENCE-BASED STRATEGIES

Register Here

Friday, 9th May, 2025
12:00PM – 1:00PM

Wednesday, 9th July, 2025
12:00PM – 1:00PM



CHCANYS is pleased to present a two-part webinar series designed to strengthen the capacity of community health centers to identify and respond to Intimate Partner Violence (IPV). This initiative will provide participants with a framework for building sustainable internal protocols, collaborating with community-based organizations, and incorporating practical, evidence-based approaches into day-to-day integrated care delivery.

Webinar Series Overview

Participants will gain the knowledge and tools needed to improve identification of IPV, engage in meaningful community partnerships, and develop workflows that support patients who have experienced or are at risk of IPV. Each session will provide clear, actionable strategies to support health center teams in building a coordinated response.

Speakers



Erica Monasterio, MN, FNP-BC
Consultant, Health Partners on
IPV + Exploitation, Futures
Without Violence



Lórien Castelle
Director of Prevention
New York State Coalition Against
Domestic Violence (NYSCADV)



Anna Marjavi
Director, Health Partners on
IPV + Exploitation

IPV SCHEDULE

JUNE AND JULY'25

16
JUNE

**CHCANYS & AZARA HEALTHCARE
PRESENTS: LEVERAGING DRVS TO
IMPROVE INTIMATE PARTNER VIOLENCE
SCREENING AND CARE DELIVERY**

23
JUNE

**CHCANYS & UCSF: SESSION 1:
ENHANCING TEAM-BASED WORKFLOWS
TO SUPPORT COMPREHENSIVE
RESPONSES TO INTIMATE PARTNER
VIOLENCE IN COMMUNITY HEALTH
CENTERS**

9
JULY

**CHCANYS AND FWV: SESSION 2:
BUILDING A HEALTH CENTER RESPONSE
TO INTIMATE PARTNER VIOLENCE (IPV):
FOUNDATIONAL KNOWLEDGE,
CREATING PARTNERSHIPS, AND
UTILIZING EVIDENCE-BASED STRATEGIES**

Building a Health Center Response to Intimate Partner Violence: Foundational Knowledge, Creating Partnerships and Utilizing Evidence-Based Strategies

Part 1 – IPV Basics

Erica Monasterio, MN, FNP-BCr

Consultant

Health Partners on IPV + Exploitation, Futures Without Violence

Lórien Castelle

Director of Prevention Programming

New York State Coalition Against Domestic Violence





HEALTH CENTERS ARE KEY TO VIOLENCE PREVENTION

Health Partners on IPV + Exploitation

Led by Futures Without Violence (FUTURES) and funded by HRSA BPHC to work with health centers to support those at risk of experiencing or surviving intimate partner violence, human trafficking, or exploitation and to bolster prevention efforts.

We offer health center staff ongoing educational programs including:

- ➔ Learning Collaboratives on key topics for small cohorts
 - ➔ Webinars + archives
 - ➔ Clinical and patient tools, an online toolkit, evaluation + Health IT tools
- **Learn more:** www.healthpartnersipve.org
 - **Online toolkit:** www.IPVHealthPartners.org



Important Notes

Because domestic violence and intimate partner violence is common, we assume that there are survivors among us.

- ❖ Take care of yourself first. It is ok to step away from Zoom.
- ❖ Respect patient and client confidentiality when asking questions or sharing stories.
- ❖ All voices are needed and welcome.



HRSA Strategy to Address IPV: 2023-2025



Aims, Objectives, and Activities | The 2023-2025 Strategy identifies three Aims grounded in an equitable and community-driven approach to preventing and responding to IPV that the HRSA Bureaus and Offices will prioritize through strategic objectives and key activities:



AIM 1 | **Enhance coordination** between and among HRSA projects to better focus IPV efforts



AIM 2 | **Strengthen infrastructure and workforce capacity** to support IPV prevention and response services



AIM 3 | **Promote prevention of IPV** through evidence-based programs

HRSA Strategy to Address IPV



13. Intimate Partner Violence (IPV) Support – Increase the number of health centers that receive T/TA on promoting the prevention of IPV, strengthening infrastructure and workforce capacity to provide prevention and response services, and enhancing coordination with community partners.

- Performance Measure: Number of health centers in the state or region that received T/TA on promoting the prevention of IPV, strengthening infrastructure and workforce capacity to provide prevention and response services, and enhancing coordination with community partners.



What is Intimate Partner Violence (IPV)?

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

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:

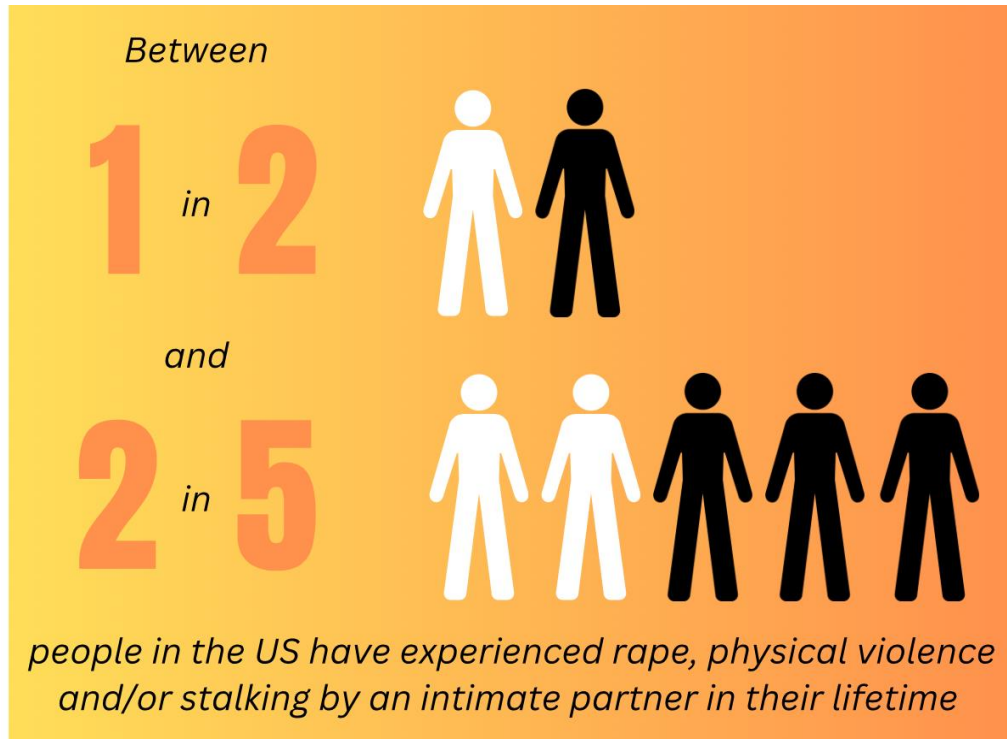
- **Emotional Abuse**
- **Social Isolation**
- **Stalking**
- **Intimidation and Threats**



Prevalence



Intimate Partner Violence



Sexual Violence



Domestic Violence Hotline Survey: Access to Care



Intersections of Domestic Violence and Primary Healthcare

Post-interaction surveys commenced on March 29, 2021. More than 3,400 surveys were administered. For the period June 23 - August 1, 2021, 242 of The Hotline's anonymous users voluntarily participated in the focus survey.

53%

reported that a partner who chooses to abuse has also controlled and/or restricted healthcare access

46%

of those respondents indicated the frequency or intensity of abuse increased

42%

agreed their healthcare provider spends time or talks with them without their partner present

National DV Hotline: Survey on Intersections of DV and Primary Care

Barriers to accessing health care that impact survivors?

Words most frequently used to describe barriers to accessing healthcare from the hotline users surveyed:

- Finances
- Childcare
- Insurance
- Transportation



ICD-10 Codes for Intimate Partner Violence

IPV ICD-10 Codes

- T74.11 – Adult physical abuse, confirmed
- T74.21 – Adult sexual abuse, confirmed
- T74.31 – Adult psychological abuse, confirmed
- Z69.11 – Encounter for mental health services for victim of spousal or partner abuse
- Y07.0 – Spouse or partner, perpetrator of maltreatment and neglect

See Protocol on IPV/HT/E for Human Trafficking related ICD-10 codes



Health Impacts of IPV/HT

HIV/AIDS Migraines
Flashbacks Kidney Infections Suicidal Behavior
Circulatory Conditions Sleep Disturbances
Chronic Pain Gastrointestinal Disorders Unintended Pregnancy
Bladder Infections Irritable Bowel Sexually Transmitted Infections
Anxiety Central Nervous System Disorders Unintended Pregnancy
Cardiovascular Disease Pelvic Inflammatory Disease
Asthma Depression Gynecological Disorders
Fibromyalgia Post Traumatic Stress Disorder
Joint Disease Sexual Dysfunction
Headaches

<http://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html>, 2010



TBI and Strangulation

Studies show a range of **40%-91%** of women experiencing IPV have incurred a TBI due to a physical assault.

(Campbell, 2018; Bichard et al., 2020)



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

(Chrisler & Ferguson, 2006 Bichard et al., 2020)



Understanding Strangulation and TBI

- 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)



See “HELPS screening tool for traumatic brain injury”

<https://vawnet.org/material/traumatic-brain-injury-and-domestic-violence-helps-screening-tool-traumatic-brain-injury>



Negative Impacts on Perinatal Health

- Women who disclose abuse have a higher risk of unintended and closely spaced pregnancies.
- Higher rates of low birth weight and premature babies; higher rates of spontaneous abortions.
- Women who disclose physical abuse are 3x more likely to have an STI.



(Miller, 2010; Sarkar, 2008, Goodwin et al, 2000; Hathaway, 2000, Cocker, 2000)



Domestic Violence Impact on Breast Feeding

Women who experience physical abuse during their pregnancy are **41%-71%** more likely to stop breast-feeding by 4 weeks after giving birth.

(Silverman, 2006)



IPV and Behavioral Health

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

(Tjaden P, 2000; Coker AL, 2002;
Mazeda 2010; Zimmerman 2011;)

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)



IPV and Substance Use Coercion

**Substance use is another way
abusive partners exert power and control**

N = 3,380 people calling the National Domestic Violence Hotline

Hotline callers reported:

- **27%** were **pressured or forced to use** alcohol or other drugs
- **24.4%** were **afraid to call the police**
- **60.1%** **tried to prevent or discourage them from getting help**
- **37.5%** **experienced threats to report** alcohol or other drug use to someone in authority to keep them from getting something they wanted or needed

...because of their partner or ex-partner



(Warshaw, NCDVTMH/NDVH 2014)

Women, Opioids, and Violence

- **Opioid use disorders** are associated with IPV victimization particularly among women .
- Women also may be particularly **susceptible to such violence** when under the influence of opioids.

(Smith, 2012)



Care Seeking in the Context of IPV

Opportunities to access care are impacted by:

- Controlling partner who restricts access
- Lack of responsive support services
- Lack of access to housing, health services, jobs, etc.
- Lack of trust in official systems
- Fear of outcomes if agencies/systems are involved
- Language barriers
- Lack of safe options to report violence to the police or use the courts

Communities with increased non-clinical factors experience more of these barriers.



Impacts are Similar among Youth

Young women who have experienced abuse have higher rates of:

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

(Kim-Godwin, '09; Howard, '08; Brossarte, '08; Ackard & Neumark-Sztainer, '02)



Girls (grades 9-12) who initiate sex at an earlier age are at increased risk for physical dating violence.

(Olhongbe, 2017)



Technology as a Tool For Exerting Power and Control

One in four teens in a relationship report having been called names, harassed, or put down by their partner via cell phone/texting.

(Zweig, 2013)

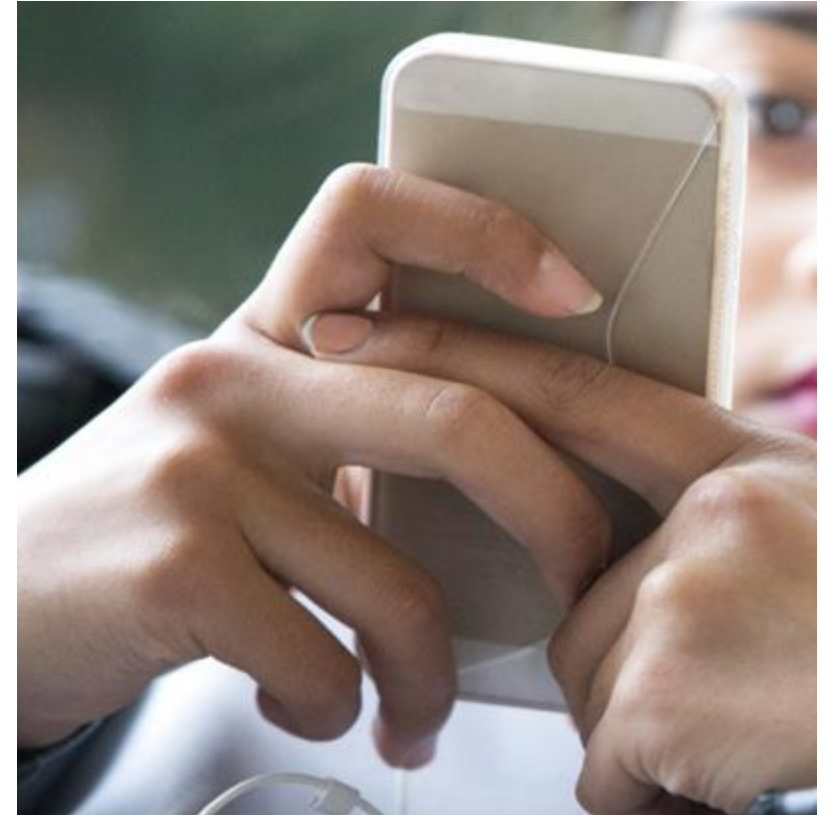


Cyber Relationship Abuse Rarely Happens in Isolation

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

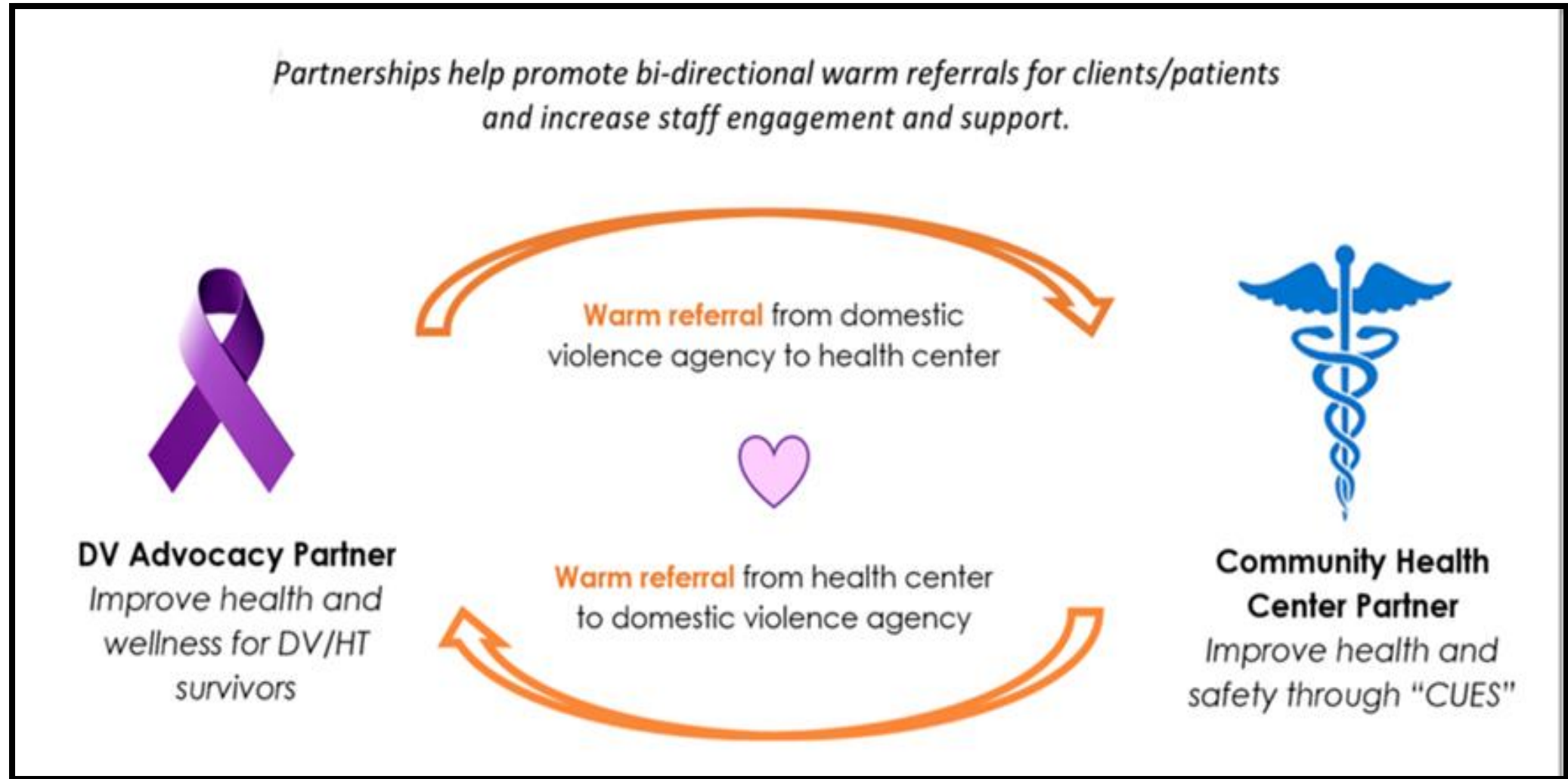
(Zweig, 2013)





Consider
IPV in Your
Differential
Diagnosis

The Heart of the Model: Building Meaningful Partnerships



Download a sample MOU: <https://healthpartnersipve.org/resources/sample-memorandum-of-understanding/>



Domestic/Sexual Violence Advocacy Programs

Domestic violence and sexual assault programs have vast experiences 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/hour hotline)
- Housing (emergency and transitional)
- Legal advocacy for IPV/HT, family court, immigration, labor
- Support groups/counseling
- Children's services
- Employment support



Find Your Local DV Program

- Support for health center staff + patients who experience DV and safety planning.
- Bi-directional referrals.
- Facilitate health enrollment for clients and staff.
- Help establishing a primary care provider (PCP) – moving away from emergency-level care.
- Emergency preparedness collaboration.

New York State Coalition Against Domestic Violence:

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

See DV survivor health center enrollment tools:

<https://healthpartnersipve.org/futures-resources/increasing-health-care-enrollment-for-survivors-of-domestic-violence/>



<https://healthpartnersipve.org/resources/increasing-health-care-enrollment-for-survivors-of-domestic-violence/>



<https://healthpartnersipve.org/resources/partnerships-between-hcs-and-dv-and-sv-advocacy-programs-bi-directional-infographic/>

Establishing a Memorandum of Understanding

An MOU between your health center + DVP may help:

- ✓ Establish a formal working relationship
- ✓ Create an avenue for bi-directional warm referrals
- ✓ Identify strategies to serve survivors more holistically through coordinated care

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

- ✓ Sample MOU
- ✓ Building and Sustaining Fruitful Partnerships
- ✓ DV Advocates' Guide to Partnering with Health Care

MEMORANDUM OF UNDERSTANDING

Between [DOMESTIC VIOLENCE/SEXUAL ASSAULT–DV/SA AGENCY] and [HEALTH CENTER]

This agreement is made by and between [DV/SA Agency] and [health center] to [state purpose of the MOU or project, i.e. to strengthen relationship between parties, to strengthen capacity for each entity, etc].

[Use this space to provide a brief description of each partner agency].

The parties above and whose designated agents have signed this document agree that:

- 1) Representatives of [DV/SA Agency] and [health center] will meet each other in person at least once to understand the services currently provided by their respective programs and to discuss needs/goals and next steps.
- 2) Representatives of [DV/SA Agency] and [health center] will continue to meet between [date] and [date] [list frequency and meeting location].
- 3) [Health center] will hold the following roles and responsibilities: [list the responsibilities and role of the health center—i.e. training DV/SA advocates on the health impact of abuse or clinic services; serving as a primary health care referral for clients referred by the DV/SA program; drafting and reviewing IPV policies and procedures; offering health education or resources to clients in the DV/SA program, etc.].
- 4) [DV/SA Agency] will hold the following roles and responsibilities: [list the responsibilities and role of the DV/SA agency—i.e. training health center providers and staff; serving as a primary referral for health center patients in need; drafting and reviewing policies and procedures; offering DV/SA advocacy support onsite at health centers; adding materials/resources at health fairs or other health events, etc.].
- 5) [Health center] will provide the following resources: [list resources that the health center can bring to support the project's efforts—i.e. additional staff time; materials; office space for advocates co-located at the health center; funding; key contacts; condoms or other reproductive health support; etc.].
- 6) [DV/SA Agency] will provide the following resources: [list resources that the organization can bring to support the project's efforts—i.e. additional staff time; materials; key contacts; funds; etc.].
- 7) [DV/SA Agency] and [health center] staff will develop an evaluation plan to measure the success and challenges of the project [i.e. implementing the QA/QI tool every six months to measure progress; other measurable outcomes such as referrals made, client/patient satisfaction surveys, provider/staff training evaluations; etc.].

We, the undersigned, approve and agree to the terms and conditions as outlined in the Memorandum of Understanding. This agreement will be valid from [date] to [date], and may be renewed at the end of this period if both parties agree.

By _____	By _____
Name _____	Name _____
Title _____	Title _____
Health Center _____	DV Program _____
Date _____	Date _____

This MOU template was developed by the National Health Resource Center on Domestic Violence, a project of Futures Without Violence. For more tools visit: <https://ipvhealthpartners.org>

FUTURES
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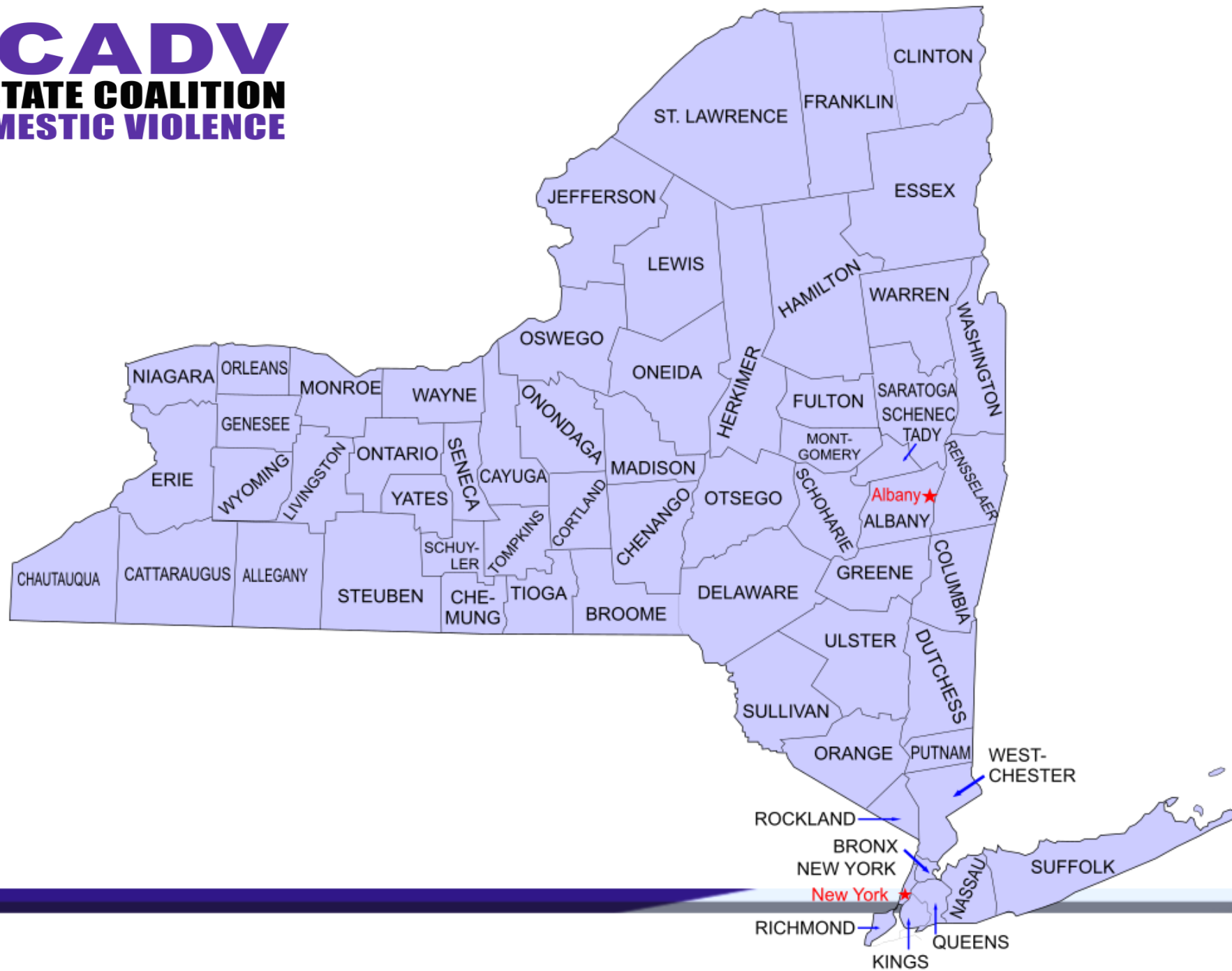


THE ROLE OF NYSCADV

ABOUT US

- Statewide membership organization founded in 1978
- Membership is comprised of local domestic violence service providers, allies, and community members who are committed to ending domestic violence through education, advocacy, and social change.

NYSCADV
NEW YORK STATE COALITION
AGAINST DOMESTIC VIOLENCE



THE ROLE OF DOMESTIC VIOLENCE ADVOCATES

Provide services to victims of domestic violence that are:

– Survivor-Centered

- Understands the nature & dynamics of domestic violence
- Is person-centered, acknowledging that individuals may have multiple concerns
- Is empathetic, supports empowerment, individualized, and ethical

– Safe & Stable

SOCIAL SERVICE REGULATIONS

Social Services Law § 459-b.

Residential services for victims of domestic violence

. . . a social services district **shall** offer and provide necessary and available emergency shelter and services for up to ninety days at a residential program for victims of domestic violence to a victim of domestic violence who was residing in the social services district at the time of the alleged domestic violence whether or not such victim is eligible for public assistance. Two forty-five day extensions of necessary and available emergency shelter **may be granted** beyond the maximum length of stay at a residential program for victims of domestic violence for residents who continue to be in need of emergency services and temporary shelter.

SOCIAL SERVICE REGULATIONS

Social Services Law § 459-c.

Non-residential services for victims of
domestic violence

“. . . a social services district **shall** offer and provide non-residential services including but not limited to, information and referral services, advocacy, counseling, community education and outreach activities, and hotline services, to a victim of domestic violence whether or not the victim is eligible for public assistance.”

DV COUNTS DAY

In 2024, we marked the 19th annual DV Counts Day, and New York State had an incredible 94% participation rate! NY continues to have the highest demand for DV services in the country, despite not having the highest population.

DV in New York

Each year, Primary Purpose Domestic Violence Programs in New York participate in the National Network to End Domestic Violence's Domestic Violence Counts survey. This is an annual unduplicated count of adults and children who seek services from U.S. domestic violence programs during a single 24-hour period. Coordinated by NNEDV since 2006, #DVCounts takes into account the dangerous nature of domestic violence by using a survey designed to protect the confidentiality and safety of victims.

ON JUST ONE DAY IN NEW YORK IN 2024...

8,844 DV Survivors Got Help

1,717 Requests For Help Went Unmet Due to the Lack of Funding and Resources

1,601 Calls to Domestic Violence Hotlines Were Answered

859 Domestic Violence Victims Looking for Housing Didn't Get it

Reference: National Network to End Domestic Violence 2024 Domestic Violence Counts National Census

CORE SERVICES INCLUDE

- 24/7 Hotline
- Transportation
- **Medical Advocacy**
- Nutrition
- Information and Referral
- Advocacy
- Counseling
- Support Groups
- Children's Services
- Community Education and Outreach



MEDICAL SERVICES

DV Providers must have a linkage agreement with health care

Best practice: partner with health care and to include them, as appropriate in coordinated community response vehicles to share information, enter into protocol and build community wide capacities for improved responsiveness to survivors needs

Recommendations

- On-site interns
- Camera on-site
- Maintain documentation (Medical records, including pictures of injuries should go with the resident)
- If anyone in the family comes in with an injury they must be connected with a medical provider within 48 hours
- Consider health insurance issues*

BEST PRACTICES:
PREPARING SURVIVORS FOR MEDICAL ENCOUNTERS

- DV Programs discuss the importance of being specific in communicating with medical personnel about their pain and injuries in the event the information is used for evidence in future legal actions.
- DV Programs may have cameras on site to document injuries for this purpose. *
- DV Providers explain the potential risks that their abuser's health insurance could expose their location to the abuser.

CONTACT INFO:

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New York State Coalition Against Domestic
Violence

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www.nyscadv.org

ADDITIONAL RESOURCES



- NYSOCFS website (<https://ocfs.ny.gov/programs/domestic-violence/>)
 - Domestic Violence link (under “Adults”) includes list of providers by county, DV Annual Report, DV Regulations, etc.
 - Compendium of Bureau Services
- NYSOPDV website (<https://opdv.ny.gov/>)
 - Handbooks, posters and other materials can be ordered , Newlsetter
 - Training and technical assistance information
- NYS Coalition Against DV (www.nyscadv.org)
 - Directory of Hotline numbers
 - Training and technical assistance
 - Regional coalition meetings
- NNEDV (www.nnedv.org)
- National Resource Center on Domestic Violence (<https://www.nrcdv.org/>)



Thank You!

HEALTH PARTNERS 
ON IPV + EXPLOITATION

FUTURES
WITHOUT VIOLENCE

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e-list: Catalyst for Change**

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bottom of page:

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Please fill out our survey!

Find the survey link in the chat and again at the close of the webinar.

Completing your survey helps us to provide relevant and helpful information. Thank you in advance!



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Thank you!

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