



# Intimate Partner Violence Institute: Session 301: Cultural Competency and Organizational Readiness in Addressing Intimate Partner Violence 2020 National Ryan White Conference on HIV Care and Treatment

*August 13, 2020*

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HIV/AIDS Bureau (HAB)

**Vision: Healthy Communities, Healthy People**



# AGENDA

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- **Introduction from HRSA HAB**
- **Panel Presentations from :**
  - 1) **Dr. Suad Kapetanovic, MD**  
**Clinical Assistant Professor of Psychiatry & The Behavioral Sciences**  
**Keck School of Medicine at the University of Southern California**
  - 2) **Reginald Vicks, RN, BSN, MBA**  
**Chief Operations Officer**  
**CrescentCare in New Orleans**





**I have no disclosures**

**Vision: Healthy Communities, Healthy People**



# Learning Objectives

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- 1) Understand the important roles of cultural competency and organizational readiness in the provision of HIV care and treatment for those who have a history of and/or current experiences with intimate partner violence
- 2) Recognize key components of culturally competent and organizationally ready programs
- 3) Learn about best practices from RWHAP recipients who have undergone organizational readiness and cultural competency activities in support of IPV related training and technical assistance

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[ryanwhite.cds.pesgce.com](https://ryanwhite.cds.pesgce.com)



# Health Resources and Services Administration (HRSA)

## Overview

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- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities
- Every year, HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care



# HRSA's HIV/AIDS Bureau (HAB) Vision and Mission

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## Vision

Optimal HIV/AIDS care and treatment for all.

## Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people with HIV/AIDS and their families.





# HRSA's Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV
  - More than half of people with diagnosed HIV in the United States – nearly 519,000 people – receive care through the Ryan White HIV/AIDS Program (RWHAP)
  - Funds grants to states, cities/counties, and local community based organizations
    - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 87.1% of Ryan White HIV/AIDS Program clients were virally suppressed in 2018, exceeding national average of 62.7%



Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2018; CDC. HIV Surveillance Supplemental Report 2018;21(No. 4)





# What is Cultural Competency?



Cultural Competency refers to the ability of providers and organizations to deliver health care services that meet the social, cultural, and linguistic needs of patients.

# What is Organizational Readiness?

Organizational Readiness refers to an organization's capacity to address intimate partner violence based on assessing and measuring key components such as available resources and health provider training and knowledge.



# Cultural Competency & Organizational Readiness



Cultural competency and organizational readiness together play an integral role in implementing a systems-level, trauma-informed approach to HIV care and treatment.

# Panel of Presenters

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- 1) **Dr. Suad Kapetanovic, MD**  
**Clinical Assistant Professor of Psychiatry & The Behavioral Sciences**  
**Keck School of Medicine at the University of Southern California**
  
- 2) **Reginald Vicks, RN, BSN, MBA**  
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# Contact Information

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# Intimate partner violence (IPV) and HIV

Implementing Intervention in the Context of Integrated HIV Care

Presenter:

Suad Kapetanovic, MD

Assistant Professor of Clinical Psychiatry & The Behavioral Sciences

Keck School of Medicine

University of Southern California



# CONTENTS



1. Making the Connection: IPV and HIV
2. HIV Care: Challenges & Opportunities for Intervention
3. Implementing IPV Intervention at the MCA Center in Los Angeles
4. Telehealth, COVID-19 & IPV

# Making the Connection: IPV and HIV



Research shows us that violence is both a significant cause and a significant consequence of HIV infection.

American Foundation for AIDS Research (AmfAR)

# IPV survivors are More Likely to be Living with HIV



- Survivors of IPV are more likely to acquire STIs including HIV.
- Women who are survivors of IPV are 48% more likely to become HIV+ than women in non-violent relationships.

(Decker et al, 2009; Gielen et al, 2007; Decker et al, 2005; Wingood et al, 2000; Campbell & Soeken, 1999)

# IPV and HIV Status Disclosure

24% of female patients experienced physical abuse after disclosing their HIV status and 45% feared such a reaction.



In addition to structural oppression of people living with HIV, they are also targets of IPV related to stigma

(Rothenberg K.H. et al, 1995)

# IPV Increases Risk for HIV

- Sexual coercion/forced sex with a positive partner
- Limited negotiation of safer sex practices
- Increased sexual risk-taking behaviors, including survival and transactional sex
- Increased risk of mother-to-child HIV transmission among abused pregnant women
- Increased risk of unsafe injecting practices and coerced drug use

# IPV is Under-Recognized Barrier to Care

- abusive partners of women living with HIV can sabotage their efforts to:
  - seek care,
  - keep appointments,
  - take medications
- elevated risk for clinical progression when IPV interferes with:
  - access to care
  - adherence

Lichtenstein, 2006





# HIV Care: Challenges & Opportunities for IPV Intervention

# Triggers and power dynamics

- Invasive procedures, removal of clothing, physical touch, vulnerable physical position
- Personal questions that may be embarrassing/distressing
- Loss/lack of privacy
- Processes not fully explained to patient
- Negative past health care experiences
- Power dynamics of the relationship
- Personal questions asked in absence of trusting relationship
- Changes in service providers can occur with little or no notice
- Patient's voice not reflected in goal setting or treatment planning
- Racist/sexist history of institutions

# **Most victims do not tell providers about IPV**

- **Mistrust** of health care that people may have because of legacy of discrimination and inequitable care
- Concerns about how **information** will be shared (health records, reporting, etc.)
- **Relationship** Dynamics
- Insufficient **Education** about IPV
- **Psychological** factors (e.g., denial)
- **Fear** of retaliation
- **Fear** of children taken into foster care
- **Practical** concerns (e.g., financial dependence)

# Why do people stay in abusive relationships?

- Violence happens in a cycle
- Risk of leaving vs. Risk of staying
- Violence is not always a person's 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?”**

SURVIVORS WHO TALKED TO THEIR HEALTH CARE PROVIDER ABOUT THE ABUSE WERE:

**4 times more likely**  
to use an intervention

*(...than if they had talked to family, friends, etc.)*

McCloskey et al, Public Health Reports, 2006

**Receiving medical care  
decreased women's risk of  
further sexual  
assault by an intimate partner  
by 32%.**



(McFarlane et al, Obstetrics and Gynecology, 2005)

# Opportunities for Discussion of Relationships and IPV:

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- At intake/pre-test counseling
- Risk assessment
- Partner notification
- Safer sex discussions
- Primary care visits
- Case management visits
- Reproductive health visits
- Behavioral health visits
- Peer health education
- Harm reduction support



# Maternal-Child Center for Infectious Diseases and Virology at LAC+USC Medical Center (“MCA”)

- Pregnant women with HIV
- Adolescents
- Family & Partner Care
- Integrated Care Model
  - Primary care, Pediatrics, Psychiatry, Ob/Gyn, PharmD
  - Strong Mental Health component



# Implementing IPV Intervention at the MCA



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## ***Objectives:***

- 1. Create a Comprehensive **Clinic-Level** Response to IPV***
- 2. Adopt **Patient-Level** IPV Intervention***
- 3. Be Ready to deal with **Mental Health** Implications***



# Objective 1: Comprehensive Clinic-Level Response to IPV



- **Establishing Formal *Partnerships* with Local IPV Advocacy Organizations**
  - *promote bi-directional referrals*
  - *provide all clients with trauma-informed care to improve health and safety outcomes.*
  - *Formalize with MOU (template available at [www.ipvhealthpartners.org/partner/](http://www.ipvhealthpartners.org/partner/))*



VIOLENCE  
INTERVENTION  
PROGRAM



- (833) 847-2331, 3055 Wilshire Blvd, Los Angeles
- Drop-in center,
- Support, Food,
- Leadership development
- Health advocacy.



CRISIS HOTLINE 800.585.6231  
CONFIDENTIAL BILINGUAL | 24 HOURS | 7 DAYS

- **Support, safety planning, legal support, shelter, health advocacy**
- **Training & community education**

# *(Objective 1)*



- **Updating clinic *policies and protocols* on addressing violence**
  - *(principles and sample policies available at [www.ipvhealthpartners.org/prepare/](http://www.ipvhealthpartners.org/prepare/) )*
- **Enhancing the *clinic environment***
  - *visual public education messages like putting up IPV posters in exam rooms*
  - *stocking safety cards*
- **Identify *IPV Advocate***
  - *important complement to in house services*
  - *can work with survivors to achieve their priorities*
- **Organize *Training for Providers and All Staff***
  - *Partner with “Futures Without Violence”*
  - *MDs, RNs, SWs, CMs, front desk staff*

- Learned that asking about IPV is an opportunity to:
  - raise patient awareness of IPV,
  - communicate compassion and
  - provide information (and not merely a screening test to diagnose a pathological condition)
- Trained to:
  1. give a reason for why they are asking about IPV to reduce patient's suspicions and minimize stigma
  2. create an atmosphere of safety and support
  3. provide information, support and access to resources regardless of whether the patient discloses *IPV*.

## Objective 2: Adopt Patient-Level Intervention



- Educate each individual patient about the connection between the experience of IPV and their health
- Engage them in strategies to promote wellness and safety  
[www.IPVHealthPartners.org](http://www.IPVHealthPartners.org)
- Key evidence-based steps, a.k.a. “CUES”:
  - Confidentiality
  - Universal Education
  - Support
- Aided by ‘FUTURES’ safety cards



# CUES Universal Education Approach

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## C: Confidentiality

Disclose limits of confidentiality & see patient alone

## UE: Universal Education + Empowerment

**Normalize activity:** *"I've started giving info on [IPV] to all of my patients"*

**Make the connection:** (Open the safety card and do a quick review): *"They talk about relationships and how they affect our health. Take a look, and here is another one for a friend or family member. On the back of the card there are 24/7 text and hotlines 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?"*

## S: Support

Warm referral

Follow up at next appointment



# C: Confidentiality

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- Ensure private confidential space
  - Nurse check-in
- Always
  - talk with patients about relationships alone and not within earshot of a partner or family member
  - disclose the limits of confidentiality before beginning any assessment
- Never
  - use a family member or friend as an **interpreter** — use professional interpreters

Simple  
intervention tool  
and conversation  
starter:  
The Safety Card

Safety cards can be ordered for a nominal shipping fee at: <http://ipvhealth.org/resources/>



This safety card is an evidence-based simple intervention tool and can take seconds to share with a patient.

- A conversation starter/guide and patient education resource
- Help survivors learn about safety planning, harm reduction strategies and support services.
- Plant seeds for those who are experiencing abuse but not yet ready to disclose.
- Provide primary prevention for patients who have not been in this kind of relationship—so they can identify signs of an unhealthy relationship and ideally avoid them.

## **S: Supporting Survivors: Listen and Validate**

**When a patient discloses that they are experiencing IPV, sexual coercion, or is afraid to ask their partner to use condoms, first validate their experience.**

- **Be nonjudgmental**
- **Listen**
- **Offer information and support**
- **Don't push for disclosure**



## S: Providing a “Warm” Referral

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**When you can connect to a local program it makes all the difference.**

**“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?”**

# S: Providing a “Warm” Referral

## Review the Resources Panel

*“On the back of the card are some phone numbers and websites, in case you or a friend ever needs information or support.”*

National hotlines can provide support 24/7 via phone or online chat:

National Domestic Violence Hotline  
1-800-799-7233 | TTY 1-800-787-3224  
[thehotline.org](http://thehotline.org)

National Sexual Assault Hotline  
1-800-656-4673 | [rainn.org](http://rainn.org)

SAMHSA National Helpline  
drug use and mental health support  
1-800-662-4357

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[futureswithoutviolence.org](http://futureswithoutviolence.org)





# Objective 3: On-Site Mental Health Services



- *Same-Day*
  - *Brief Mental Health Crisis Assessment of patients who disclose IPV, in order to rule out any immediate safety concerns (suicidal ideation, child abuse) and intervene as needed*
- *Within 1 week*
  - *Psychiatric diagnostic evaluation to identify and treat any mental health conditions*
  - *Additional focused in-depth assessment of trauma-specific conditions (e.g., PTSD, acute stress reaction, dissociative states) that often interfere with day-to-day functioning of IPV/trauma survivors, including their ability to consistently engage in the continuum of care*
- *Routinely*
  - *Psychiatric treatment and other mental health referrals as indicated or requested*

## Increasing Safety for People Surviving Abuse

- *The coronavirus pandemic and subsequent social distancing measures are increasing risks for survivors of IPV and their children:*
  - *reducing families' access to financial security*
  - *making it harder to stay connected to support networks*
  - *source of stress for many.*
- *The move to telehealth offers **opportunities to connect** with people who may be experiencing abuse.*



## **Before the visit:**

- **Prepare a “script”** for integrating information about IPV and available resources
- Understand that telehealth visits **may not be a safe time for asking IPV screening questions** – others may be in the room or listening in
- Connect with local survivor support agencies and hotlines to **understand what services** they provide.

- **C:** Prioritizing Confidentiality
  - ensuring it is safe for the patient to speak over the phone/video
  - letting them know that their health information will be kept safe.
- *“Your medical information is confidential, **that doesn’t change just because you’re not in a clinic setting.**”*
- *“Are you somewhere where you can speak freely and focus on the conversation we are having?”*

- **UE:** Offering Universal Education
- *“... During this COVID19 pandemic, we may experience more stress in our relationships including increased fighting or other harm.”*
- *“... People are more isolated now and **we appreciate your help letting others know that there is a safe, free and confidential resource for help.***
- *How is it going for you? **If you would like, I can text you a link or the phone number, or you could write it down – what is comfortable for you?***

- **S:** Providing Support

- *“I can connect you today if that interests you - even right now if you like - **stay on the line with you** - whatever you like.”*
- Try to brainstorm with patients about ways to stay connected when someone is controlling their access to health care and support networks.
- *“I’d like to think about your health too and hear if your partner is interfering in any way with your plans to stay healthy like messing with your medicines, taking away hand sanitizer, preventing you from seeking help, or keeping you from connecting with friends and family.”*

- IPV = Major **Barrier** to HIV Care
- HIV care = **Opportunity** to Intervene
- **Universal education** empowers all patients, not only those who disclose IPV, with:
  - knowledge about connection between IPV & health
  - means to get help
- COVID-19 & Telehealth = opportunity to **connect** with those who may be experiencing abuse

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# Intimate Partner Violence & Trauma-Informed Care

The  
"domestic"  
part doesn't  
matter.  
Violence is  
violence.

Reginald Vicks RN, BSN, MBA  
Chief Operations Officer  
CrescentCare in New Orleans

I have no disclosures



## OUR MISSION:

CrescentCare's mission is to offer comprehensive health and wellness services to the community to advocate empowerment, to safeguard the rights and dignity of individuals , and to provide for an enlightened public.

## Our Services

- Primary Medical
- Pediatric Adolescent and Adult HIV Services
- Dental Care
- CTR and HIV Prevention
- Behavioral Health
- Psychiatry (Pediatric and Adult)
- Substance Abuse (MAT & IOP)
- Medical Nutrition Therapy
- PrEP and PEP Services
- Hepatitis C Services
- LGBTQ Health and Wellness
- Transgender Health Services

Crescentcare is both an ASO (AIDS Services Organization) and an FQHC. We provide services in greater metropolitan New Orleans, and portions of southeast Louisiana, in partnership with state and local Health departments, the Louisiana Office of Public Health and multiple community partners.

# Intimate Partner Violence and Trauma-Informed Care



## Opportunities to Support the Community

- Increase access to IPV services for CrescentCare’s WICY HIV+ population through improved screening and counseling and linkage to care through a partnership with the Linkage effort to unify the continuum of care was recognized as an important focus for optimizing services for persons living with HIV.
  - Emergent clinical assessment and intervention are primarily handled in emergency rooms in our community. Community based partnerships offer the opportunity to develop more compassionate and empathetic environments that support overcoming the trauma and stigma of IPV, DV and Sexual Assault.
  - Linking to follow-up services for STD follow-up assessments, PEP, behavioral health follow-up, and primary care linkage (tertiary services), needs work.
- Pediatric Trauma informed care for families should be a priority when addressing family dynamics related to IPV experienced by children. For our WICY population addressing the stigma and fear associated with IPV, supports bringing individuals into care and keeping them engaged.
- This program is also positioned to promote entry into care quickly for newly diagnosed and clients naïve to treatment living with HIV. We have linked these clients to the Crescentcare Start Initiative. Clients who are newly identified as HIV positive are seen by a provider within 24 – 72 hours and started on meds during their first primary care visit.

# Intimate Partner Violence and Trauma-Informed Care



## Barriers to Care:

- Political climate is siloed.
- Linkage efforts to unify the continuum of care are challenging:
  - Emergent clinical assessment and intervention are primarily handled in emergency rooms in our community.
  - Linking to follow-up services for STD follow-up assessments, PEP, behavioral health follow-up, and primary care linkage (tertiary services), needs work.
- Pediatric Trauma informed care for families should be a priority when addressing family dynamics related to IPV experienced by children
- Need for more specific trauma informed care training in healthcare environments.
- Individual perceptions of lack of empathy in emergency room settings .
- The need for other models that support victim engagement and comfort when addressing IPV. (...safe spaces...)

# Intimate Partner Violence and Trauma-Informed Care



## Opportunities for Improvement

### 1. Community:

- a. Create a consistent continuum of care that optimizes the referral mechanisms for acute assessment and intervention, initial follow-up (including PEP if required), and robust, formal referral relationships (albeit contracts or MOU's), to facilitate smooth transitions for victims/clients
- b. Develop resources for individuals who are incarcerated or formally incarcerated who may be victims of sexual assault
- c. Work with community partners to establish unified algorithm for intervention, therapy and treatment, and long-term follow-up at the state and local levels. (...each community is different with access to different resources...)

# Intimate Partner Violence and Trauma-Informed Care



## Vision for Continuum of Care

1. Referral network between case management and primary care.
2. FJC referrals for primary care
3. Provider Domestic Violence and Sexual Assault training
4. Collaboration with UMC (University Medical Center) Sexual Assault program
5. Working with the HOP (HIV Outpatient) clinic to connect with tertiary services after PEP initial treatment is established
6. CTR sessions weekly at FJC (Family Justice Center)...helps identify newly diagnosed and unknown infections
7. Referrals to behavioral health at FJC.
8. Networking with hospital emergency rooms to support victims of violence and provide follow-up treatment and long term support.

# Intimate Partner Violence and Trauma-Informed Care



## Developing Key Therapeutic and Clinical Competencies

1. Provider Training for recognition of signs of sexual assault
2. Trauma Focused CBT Training for child and adolescent therapists
3. Case Consultations with child and adolescent psychiatrist following an evidence-based model
4. Trauma Focused CBT with support from a psychiatrist and play therapist
5. Assessment tools to support a Trauma Informed Care plan of treatment and to support development of a Trauma Informed Care Culture.



# Intimate Partner Violence and Trauma-Informed Care

## Adverse Childhood Experiences (ACES)

ACES can have lasting effects on....



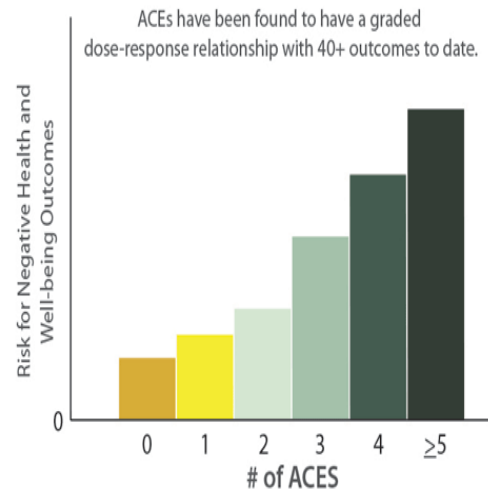
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)



\*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

## Eye Movement Desensitization and Reprocessing (EMDR)

EMDR therapy uses a structured eight-phase approach that includes:

- Phase 1: History-taking
- Phase 2: Preparing the client
- Phase 3: Assessing the target memory
- Phases 4-7: Processing the memory to adaptive resolution
- Phase 8: Evaluating treatment results

<http://www.apa.org/ptsd-guideline/treatments/eye-movement-reprocessing.aspx>

[https://www.cdc.gov/violenceprevention/acestudy/ace\\_brfs.h](https://www.cdc.gov/violenceprevention/acestudy/ace_brfs.h)



# Intimate Partner Violence and Trauma-Informed Care



## Evidence-Based Program Development

### Section O: VIOLENCE / ABUSE / NEGLECT

Type:	Victim	Perpetrator	Witness	Current	Past
Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elder Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Partner Violence

Please circle the appropriate score for each question	Never	Rarely	Some-times	Fairly often	Fre-quently	
How often does your partner physically hurt you?	1	2	3	4	5	
How often does your partner insult or talk down to you?	1	2	3	4	5	
How often does your partner threaten you with harm?	1	2	3	4	5	
How often does your partner scream or curse at you?	1	2	3	4	5	<b>Total</b>
<b>Total Scores</b>						

Score: >10 is clinically significant. Engage in safety planning according to procedure.

### Staff Development Training

- Mental Health First Aid (MHFA) training
- Crisis Prevention Intervention (CPI) training
- EMDR (Eye Movement Desensitization and Reprocessing) training for all behavioral therapists

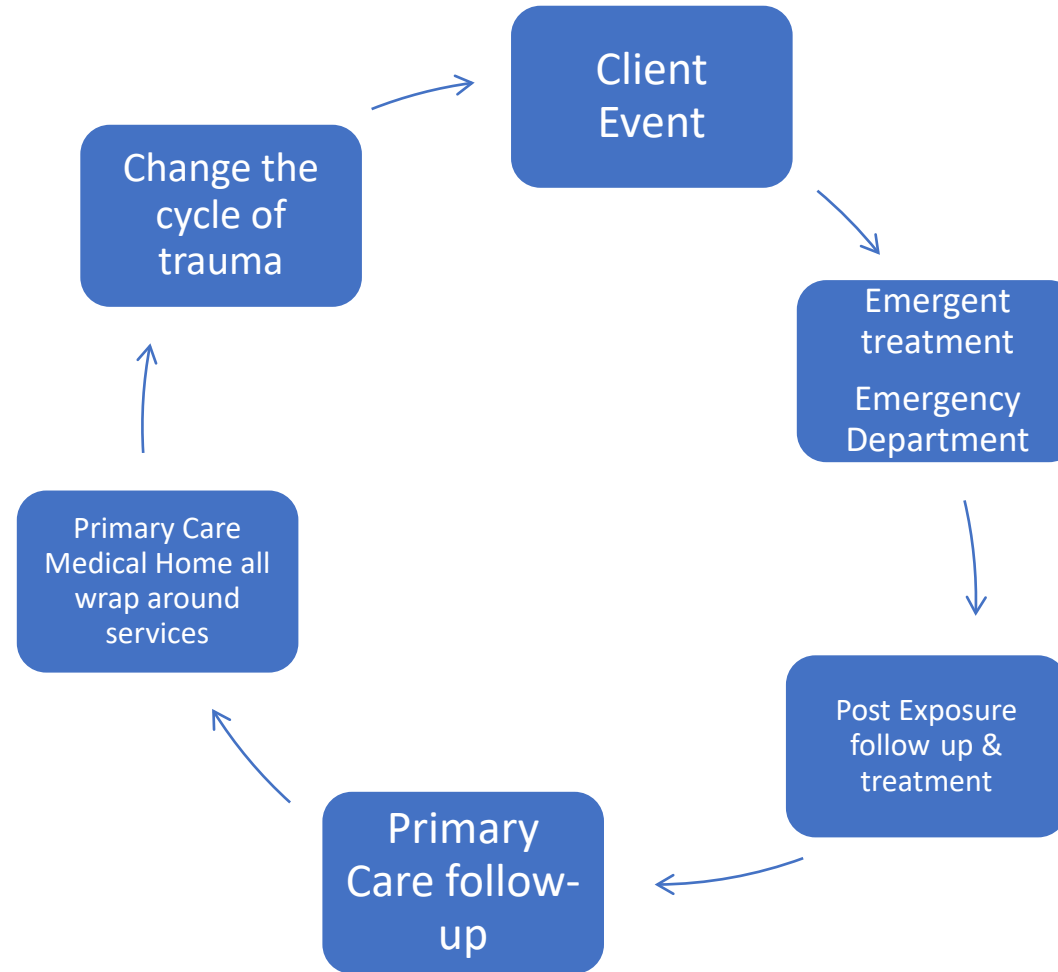
### Trauma-focused Cognitive Behavior Therapy

- Offered in our WICY program
- Play therapy for younger children
- Adolescent therapist
- Internal child and adolescent psychiatric referrals
- External Community Partners: Metropolitan Center for Women and Children; Catholic Charities Crescent House; Family Justice Center, etc.

<https://www.childwelfare.gov/pubs/trauma/>

# Intimate Partner Violence and Trauma-Informed Care

## Continuum of Care



# Intimate Partner Violence and Trauma-Informed Care



## Moving Forward: Building Community Infrastructure

- Continue realignment with New Orleans Family Justice Center and University Medical Sexual Assault/Domestic Violence Programs
- Work with community partners to more clearly define primary, secondary and tertiary services for IPV victims to ensure acute care service needs are met, along with timely, comprehensive, follow up care.
- Continue to offer CTR services to Family Justice Center clients for HIV and full STI testing.
- Continue organizational work to build a Trauma informed Culture within Crescentcare.

# Impact: Organization



# Impact: Community

