

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

Next Door Solutions to Domestic Violence

Erica Villa

Pronouns: She/Her/Ella

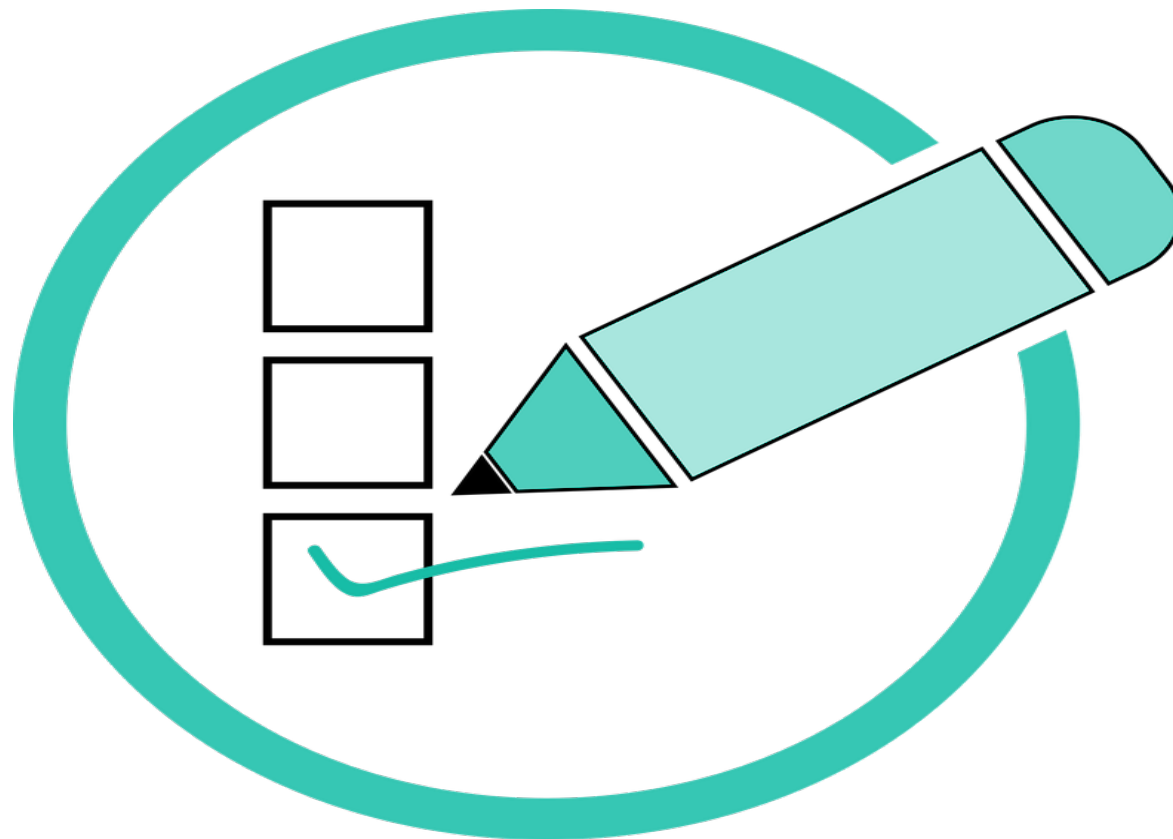
Manager of Community Prevention

Prevention Program

October 2022



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Land Acknowledgement

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

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

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

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

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

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

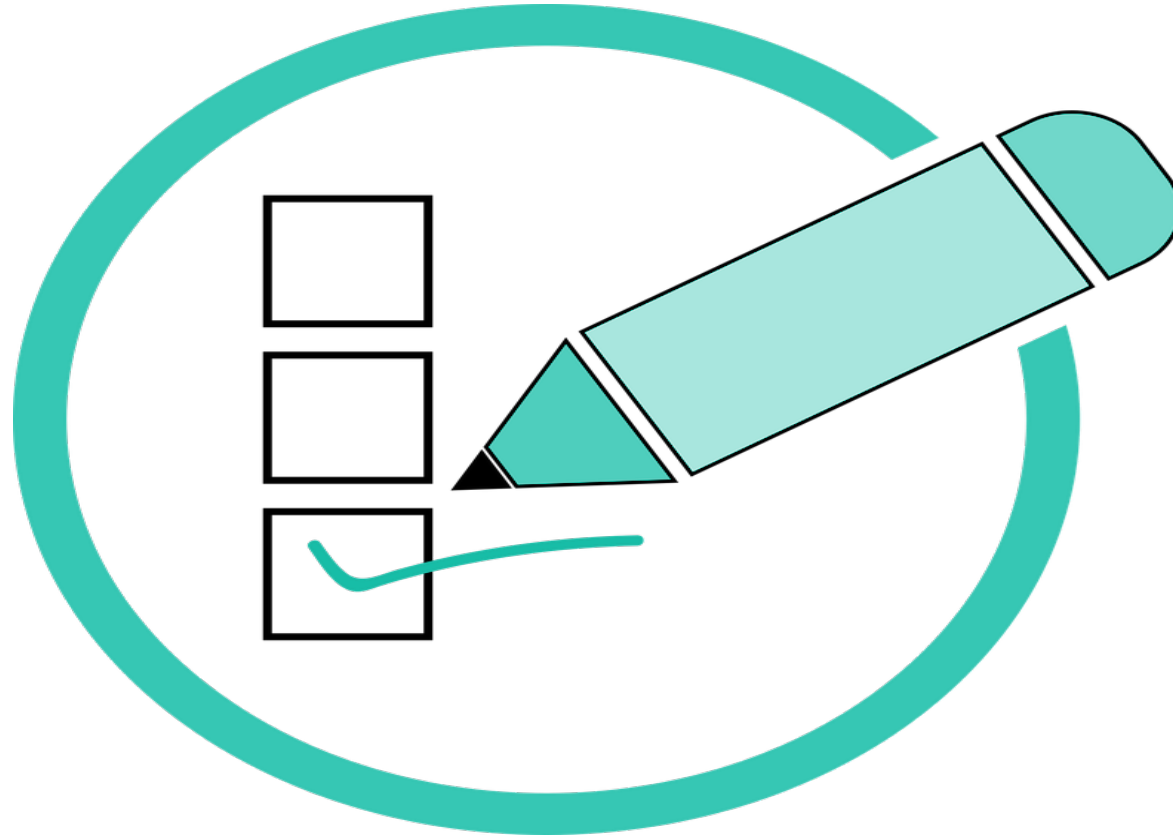
Today we acknowledge the connection between land recognition and domestic violence; since they are based on violent beliefs that both earth and bodies could be possessed and consumed.

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

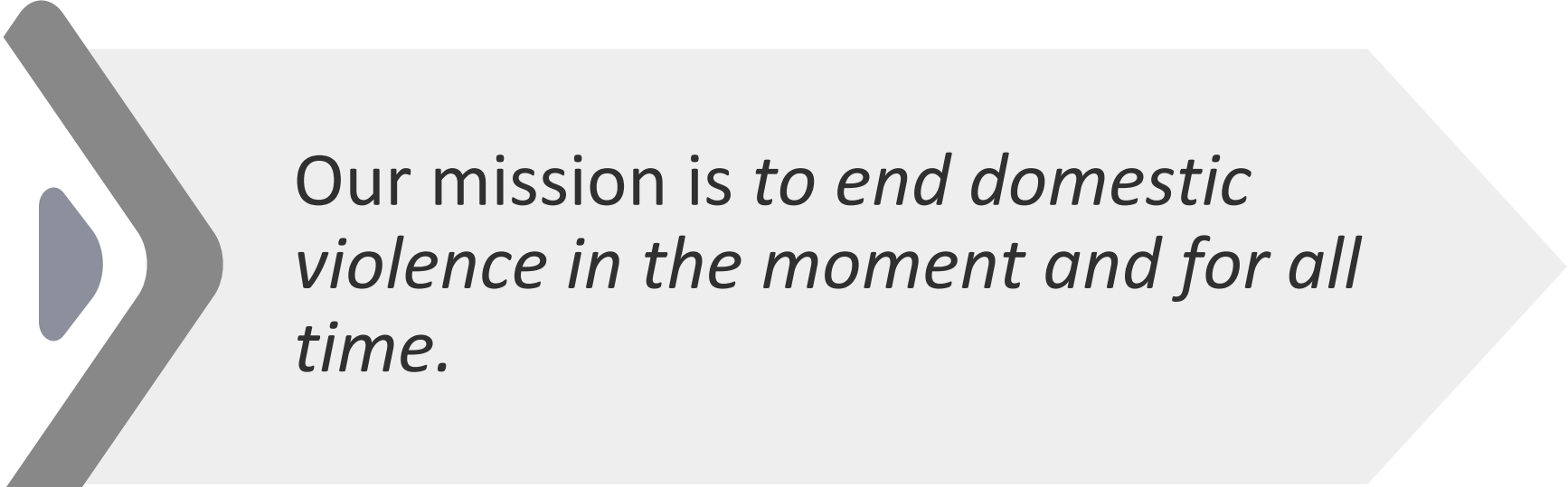


Next Door Solutions was the **first** domestic violence shelter in the nation to offer bilingual **English-Spanish services** and **only the second** domestic violence agency in California

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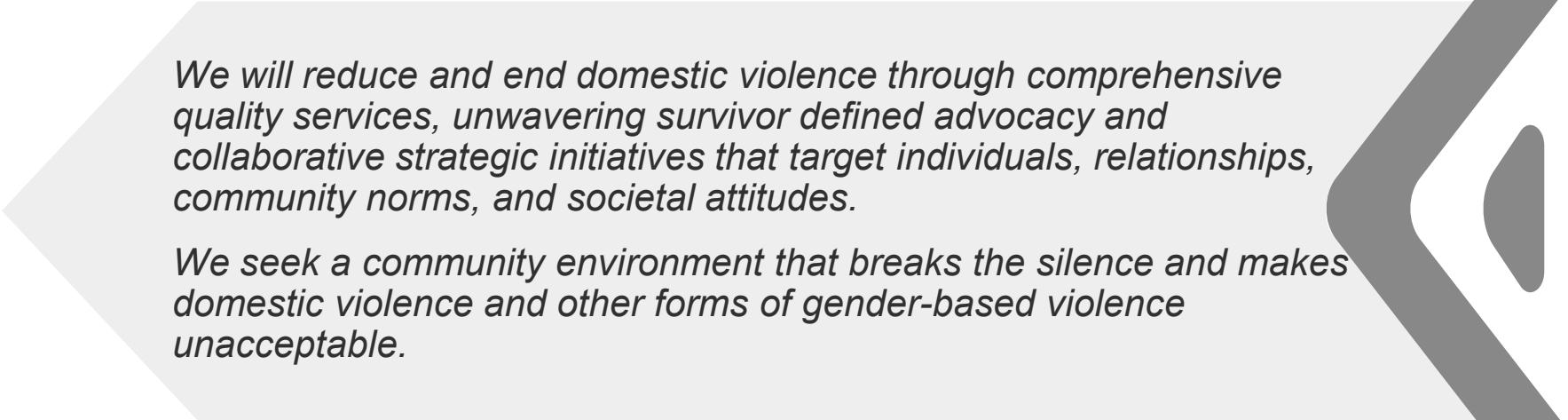


Mission & Vision



Our mission is *to end domestic violence in the moment and for all time.*

Mission



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

We seek a community environment that breaks the silence and makes domestic violence and other forms of gender-based violence unacceptable.

Vision

Our Programs and Services



24/7 Crisis Hotline and
Emergency Shelter



Walk-in Crisis
Intervention
Counseling



Legal
Advocacy



Self-Sufficiency
Case Management
Services



Housing Services
& Assistance



Support Groups in
English & Spanish



Therapeutic
Services



Initiatives:
Domestic Violence &
Healthcare; Men, Boys &
Gender-based Violence

Scope of Problem



The single largest cause of injury is to women ages 15-44 years old



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



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



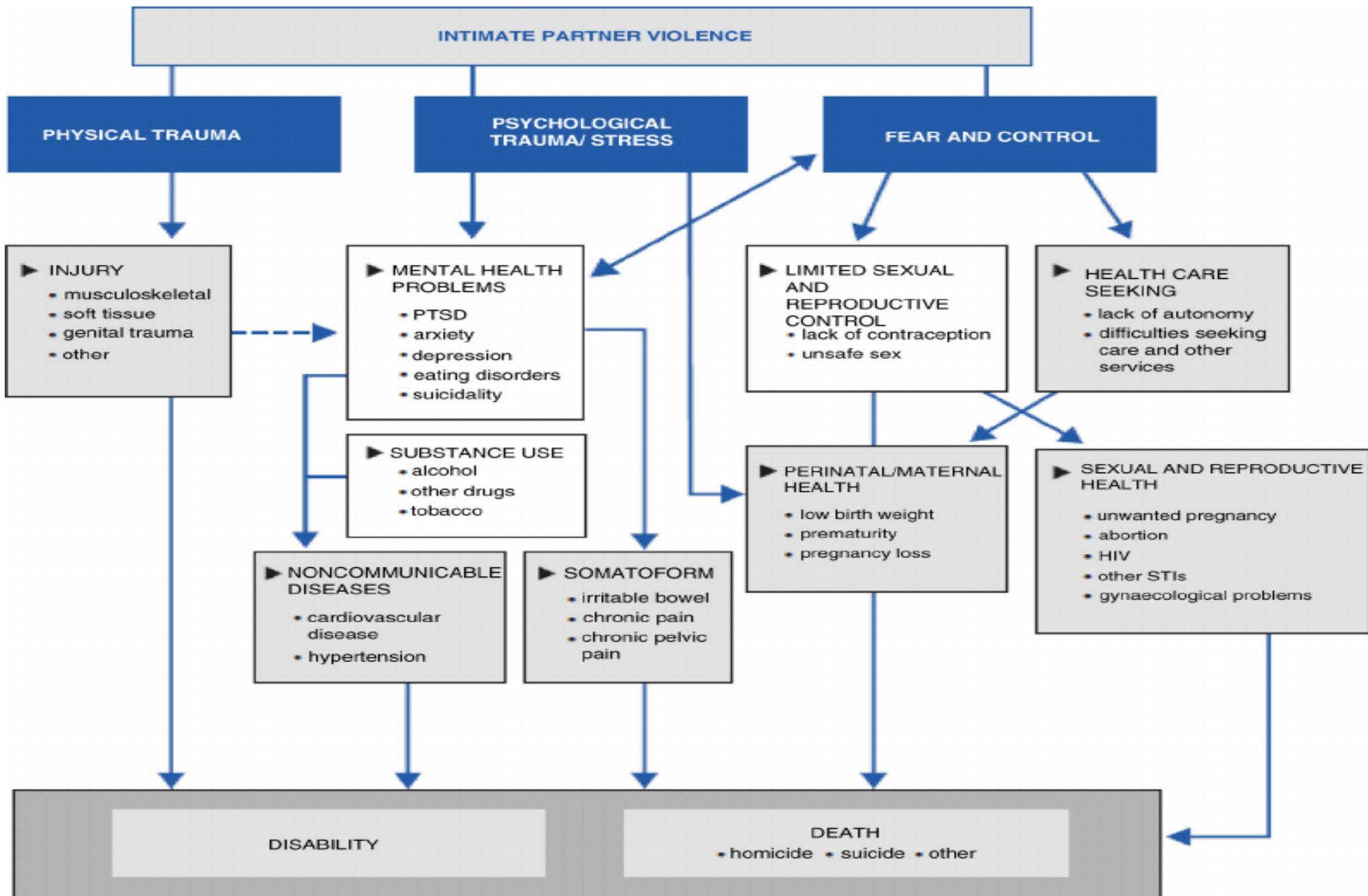
In total, DV shelter agencies in Santa Clara County received over 21,000 hotline calls last year



Next Door Solutions answered over **12,728** of those calls

Violence and Impact on Health

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



Types of ACEs

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse

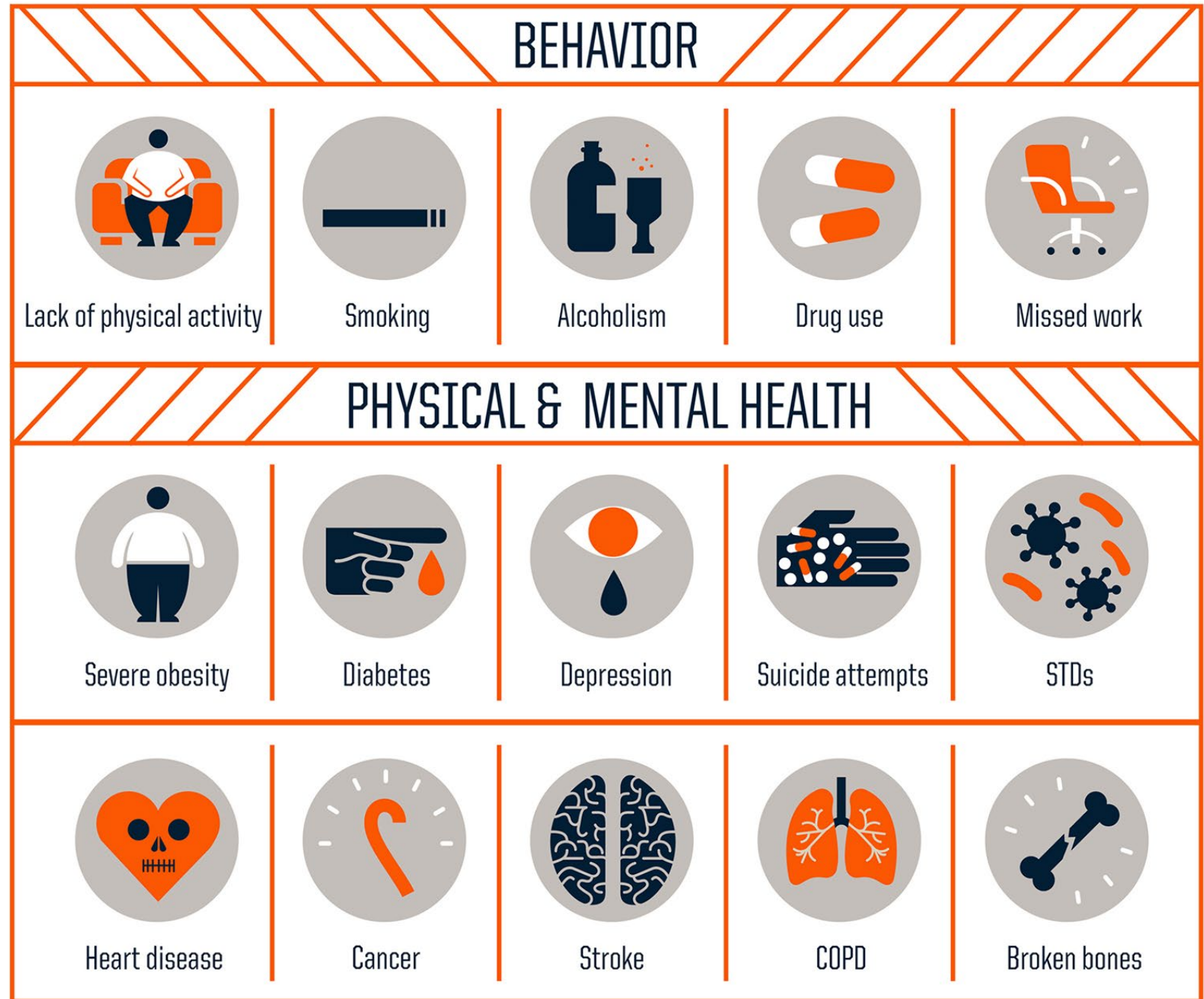


Divorce

Source: Centers for Disease Control and Prevention

Credit: Robert Wood Johnson Foundation

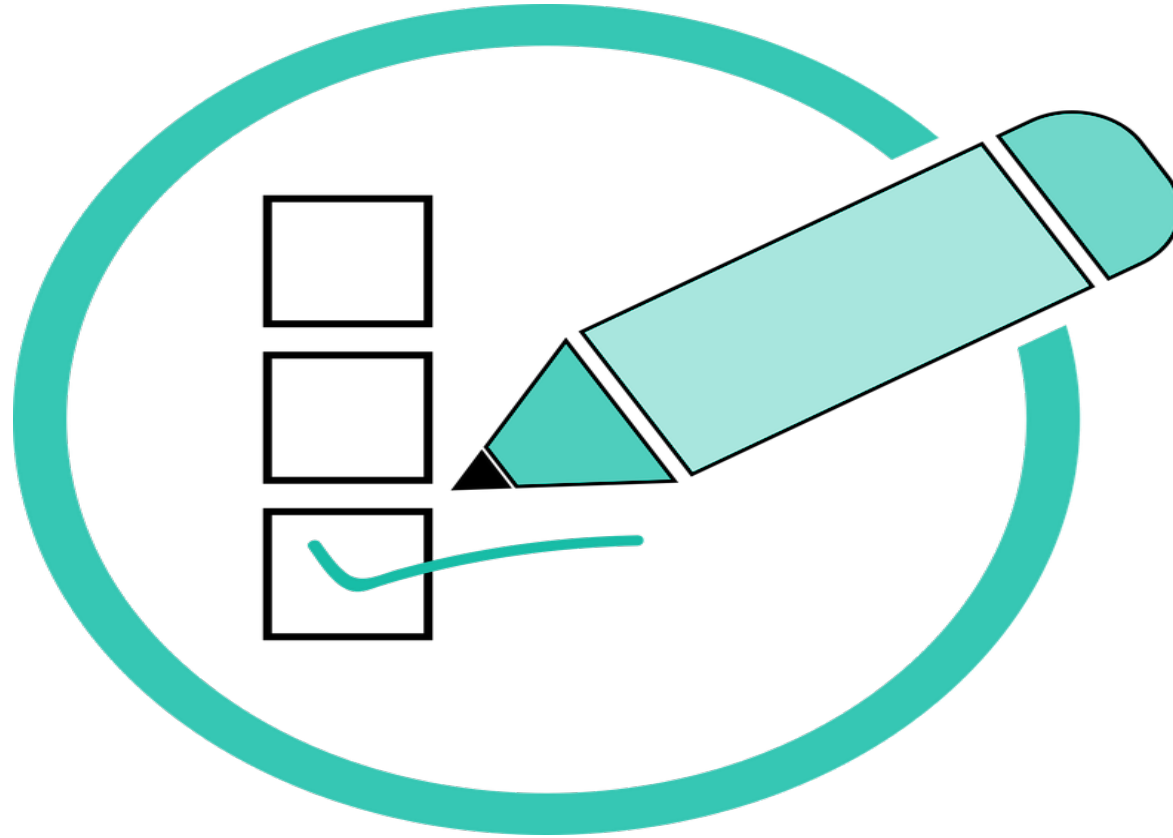
What
Impact do
ACEs
Have?



Source: Centers for Disease Control and Prevention

Credit: Robert Wood Johnson Foundation

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Victim/Survivor Perspective

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

What other challenges have you heard of?

Challenges for Patients

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

Challenges for Providers

- Discomfort with issues of violence and abuse
- IPV not considered a health issue
- Feeling powerless & not knowing what to do
- Personal attitudes and misconceptions
- Lack of education or expertise
- Discomfort with a healthcare team approach
- Time constraints
- Personal experiences with domestic violence, child abuse or being an abuser

**Research shows that
women who talked to their healthcare provider about the abuse were:**

4 times more likely

to use an intervention

2.6 times more likely

to exit the abusive relationship

What Works?



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

UNIVERSAL EDUCATION

The primary goal of universal education

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

Is to build trust & connect
patients to resources
sooner rather than later

CUES: Evidenced-based intervention

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

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

S Support.

If domestic violence is disclosed:

- Offer harm reduction strategies
- Make a warm referral to advocacy services

If domestic violence is not disclosed:

- Provide information about resources

Universal Education

- 1. Normalize it:** *“We’ve started giving this information to our patients.”*
- 2. Summarize:** *“It talks about healthy and safe relationships, and how relationships affect your health.”*
- 3. Empower:** *“We give this to everyone so they know how to get help for themselves if they need it, and/or how to help a friend or family member...”*

Warm referral as a key component

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

“If you are comfortable with this idea, I would like to call my colleague (fill in person's name), she has helped many people who have been in similar situations.”

**How do we get providers/clinics to
adopt this intervention and partner
with Next Door Solutions**

Establishing Partnerships

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



Partnership Opportunities

- Presentations
- Cross -training
 - Site visits
- MOU
 - Rely on partner expertise
 - protocol recommendations
- Apply for funding
- Bi-directional warm referrals
- Co-located advocate

What does partnership look like?

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

What do survivors

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

Resources



Next Door Solutions To Domestic Violence

24/7 Hotline: 408-279-2962

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

National Domestic Violence Hotline

1-800-799-7233



Futures Without Violence National Health Resource Center on Domestic Violence

ipvhealth.org |

CHCs: ipvhealthpartners.org |

store.futureswithoutviolence.org

Mental Health Hotline

1-800-704-0900

Substance Use Services

1-800-488-9919

Suicide and Crisis Hotline

1-855-278-4204

or Text RENEW to 741741

Please keep in touch!

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