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THE HRSA STRATEGY TO ADDRESS INTIMATE PARTNER VIOLENCE

2017-2020

HRSA

Health Resources & Services Administration

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FOREWORD

MESSAGE FROM THE ADMINISTRATOR

Intimate partner violence (IPV) is a serious yet preventable public health issue in the United States. According to the Centers for Disease Control and Prevention, IPV encompasses "physical violence, sexual violence, stalking, and psychological aggression by a current or former intimate partner." IPV affects millions of women, men, and children, and can have serious physical and psychological health consequences for individuals, communities, and society.

The Health Resources and Services Administration (HRSA) is at the forefront of improving the health and well-being of Americans through access to quality services, a skilled workforce, and innovative programs. With a wide breadth of public health programs, our agency is uniquely positioned to address IPV. In fact, one out of twelve U.S. residents receive their primary care through a HRSA-funded health center; over half of people living with HIV receive care through the Ryan White HIV/AIDS program, and more than 50 million mothers and children rely on services provided through HRSA-supported maternal and child health programs. That is why *The HRSA Strategy to Address Intimate Partner Violence* is so important.

The Strategy is the result of a year-long process in which leadership from across HRSA's Bureaus and Offices collaborated to strengthen existing programs with innovations that will address IPV.

I would like to thank each of these leaders and their colleagues for their time and active participation in this effort. I would also like to thank HRSA leadership and staff for your continued enthusiasm, commitment, and engagement going forward as we work together to implement the wide array of activities outlined in this document.

I am proud to lead an agency that is committed to addressing this important public health issue. I encourage you to read this Strategy to learn more about how HRSA will address IPV in the coming years. Together we will continue to achieve our vision of "Healthy Communities, Healthy People."

George Sigounas, MS, Ph.D.
Administrator
Health Resources and Services Administration

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Intimate partner violence (IPV) is a major public health issue that affects millions of individuals and families in the United States. According to the Centers for Disease Control and Prevention (CDC), approximately one in four women and one in seven men have experienced severe physical violence by an intimate partner at some point in their lifetimes.[1] IPV can have complex and severe impacts on the physical and mental well-being of survivors—as well as on children, friends, extended family, and even employers. IPV disproportionately affects specific populations, including many of those served by HRSA's programs, such as pregnant women, adolescents, racial/ethnic minorities, people living with HIV/AIDS, LGBTQ individuals, individuals living with disabilities, individuals with substance use disorders, and individuals living in rural areas.

In response to this pressing concern, the HRSA Office of Women's Health has launched an agency-wide initiative, *The HRSA Strategy to Address Intimate Partner Violence* ("the Strategy"). The Strategy uses an innovative model to focus on a critical social determinant of health through agency-wide collaborative action. The impetus was to move HRSA beyond pilot projects and isolated initiatives in order to make a systems-level impact on IPV awareness, screening, and treatment across the health care and public health sectors.

The Strategy is the culmination of a year-long process in which Bureau and Office representatives from across the agency collaborated to identify partnerships, strengthen existing programs, and create new initiatives to address IPV.

The Strategy directly advances HRSA's mission: **to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs**.

The Strategy is practical and actionable: it describes many of the available IPV tools, trainings, and technical assistance resources that can support public health professionals, health care providers, and health care settings to better serve the individuals and communities impacted by IPV.

The Strategy serves as a framework for the agency to address IPV, outlining concrete actions that each Bureau and Office will take, both individually and collaboratively, as well as in partnership with other federal agencies and grantees.

The Strategy's objectives are organized within four priorities describing how HRSA's employees and programs can address IPV:

PRIORITY	STRATEGIC OBJECTIVES
1. TRAIN THE NATION'S HEALTH CARE AND PUBLIC HEALTH WORKFORCE TO ADDRESS IPV AT THE COMMUNITY AND HEALTH SYSTEMS LEVELS	**1.1:** Create or adapt a range of culturally competent, evidence-based, and trauma-informed educational materials and technical assistance on IPV for health care and public health professionals in the field **1.2:** Expand IPV technical assistance and training opportunities for the health care workforce through HRSA Bureaus' and Offices' national and regional grant programs and training networks
2. DEVELOP PARTNERSHIPS TO RAISE AWARENESS ABOUT IPV WITHIN HRSA AND HHS	**2.1:** Leverage existing mechanisms to promote awareness of IPV as a public health issue among HRSA employees **2.2:** Establish within-HRSA and interagency partnerships on IPV
3. INCREASE ACCESS TO QUALITY IPV-INFORMED HEALTH CARE SERVICES ACROSS ALL POPULATIONS	**3.1:** Highlight the importance of IPV as a topic that HRSA grantees can propose to address **3.2:** Increase awareness of IPV among HRSA's key external stakeholders **3.3:** Improve the delivery of IPV-related services for economically disadvantaged and geographically isolated communities **3.4:** Establish a model of collaboration among federal, state, and local health care leaders to strengthen systems of care for IPV
4. ADDRESS GAPS IN KNOWLEDGE ABOUT IPV RISKS, IMPACTS, AND INTERVENTIONS	**4.1:** Contribute to the evidence base on the risk factors and impacts of IPV **4.2:** Support the continuous review and evaluation of federal IPV-related activities and legislative priorities

The activities that HRSA Bureaus and Offices have committed to undertaking are described in detail in the pages that follow.

The Strategy contains a wide range of commitments from Bureaus and Offices. Examples of key activities include:

- **The Office of Women's Health and the Bureau of Primary Health Care** will establish a new HHS interagency partnership to support the implementation of IPV training in HRSA-funded health centers through a State Leadership Model with primary care associations and state domestic violence coalitions.
- **The HIV/AIDS Bureau** will establish the Evidence-Informed Intervention Evaluation Center (E2i) and the E2i Coordinating Center for Technical Assistance to support evidence-based interventions in order to improve health outcomes among people living with HIV/AIDS—with trauma being one of their cornerstone areas.
- **The Maternal and Child Health Bureau** will support IPV screening, referral, and health-related outcomes for families by working to increase the rate of IPV screening and service referrals among participants in the Maternal, Infant, and Early Childhood Home Visiting and Healthy Start programs. The Bureau aims to achieve an IPV screening rate of 90 percent for both programs.

In summary, the Strategy describes the ways that HRSA will reach communities of providers, patients, and other key stakeholders to impact IPV.

In operationalizing the Strategy, Bureaus and Offices will increase HRSA's capacity to reduce IPV through **training** and **technical assistance**, **program development**, **research**, **policy**, and **partnerships**.

The priorities, objectives, and activities in these pages provide the critical foundation for implementing this coordinated work. The Strategy will serve as HRSA's bridge to define detailed project implementation plans, process metrics for accountability, and plans for sustainability. From 2017 to 2020, the concrete commitments and collective action undertaken by HRSA Bureaus and Offices will position the agency to make a notable impact on public health and health care, particularly in the communities served by HRSA.

VISION:

A WORLD FREE FROM INTIMATE PARTNER VIOLENCE, where engaged community and health care systems ensure access to high-quality health services and coordinated care for all.

INTRODUCTION

THE HRSA STRATEGY TO ADDRESS INTIMATE PARTNER VIOLENCE

Intimate partner violence (IPV) is a major public health issue that affects millions of individuals and families in the United States. IPV is defined as "physical violence, sexual violence, stalking, and psychological aggression (including coercive acts) by a current or former intimate partner."[2] According to the Centers for Disease Control and Prevention (CDC), about one in four women and one in seven men have experienced severe physical violence by an intimate partner at some point in their lifetimes.[1] IPV can have myriad and severe impacts on physical and mental well-being, increasing the risk of or worsening many chronic health conditions.[3,4] Further, IPV survivors are often socially isolated by their partners, hindering their access to health care and IPV community-based services.[4] The consequences of IPV often extend beyond the survivors themselves, affecting children in the household, friends, extended family, and even employers. Additionally, IPV places significant financial demands on the U.S. health care system—more than $8 billion in clinical and physical therapy, and mental health care service costs.[3]

In September 2016, the HRSA Office of Women's Health launched an agency-wide initiative, *The HRSA Strategy to Address Intimate Partner Violence* ("the Strategy"). The impetus was to move HRSA beyond pilot projects and isolated initiatives in order to make a systems-level impact on IPV awareness, screening, and treatment across the health care and public health sectors. The Office of Women's Health led the planning, bringing together HRSA's Bureaus and Offices that play a role in directly funding or otherwise supporting program delivery. The Strategy is the culmination of a year-long process in which Bureau and Office representatives from across the agency collaborated to identify partnerships, strengthen existing programs, and create new initiatives to address IPV.

The Strategy advances the agency's overall mission: to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs.

About **1 in 4 women**, and **1 in 7 men**, have experienced severe physical violence by an intimate partner.[1]

The Strategy also complements other related HHS initiatives. For example, it supports **Healthy People 2020**, which highlights IPV in its description of injury and violence across the life stages. The Strategy aligns with the goals and activities of the Administration for Children and Families (ACF), including the **Family Violence Prevention & Services Resource Centers**, and specifically the **National Health Resource Center on Domestic Violence (NHRCDV)**; the **Stop Observe Ask Respond (SOAR) to Health and Wellness Training**; and the **National Human Trafficking Training and Technical Assistance Center**. It also supports the **Indian Health Services' existing portfolio of initiatives to address IPV**. The Strategy aligns with initiatives led by the Substance Abuse and Mental Health Services Administration's (SAMHSA) **National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint** to incorporate universal screening and brief interventions for trauma across the health and human services sectors. Finally, the Strategy complements the

work of the CDC, especially its seminal surveillance work via the National Intimate Partner and Sexual Violence Survey (NISVS) and the Preventing Intimate Partner Violence Across the Lifespan technical package for states and communities.

In this introduction, we present a brief overview of salient statistics about IPV, illustrating how it affects the communities HRSA serves and the important role of HRSA's response. This overview presents select research findings related to IPV and health rather than an extensive review of the academic literature. We also describe the strategic priorities, objectives, and activities that comprise HRSA's multiphased response to IPV, and summarize the implications of this important work.

The Strategy is the culmination of a collaborative year-long process in which Bureaus' and Offices' representatives worked together to **strengthen existing programs and create new innovations to better address IPV**.

THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

As an agency within the U.S. Department of Health and Human Services (HHS), HRSA is committed to improving access to health care for all Americans and is uniquely positioned to impact geographically isolated and medically vulnerable populations.

Millions of Americans receive quality, affordable health care and other services through HRSA's 90-plus programs and more than 3,000 grantees. Nearly 90 percent of HRSA's budget is awarded through grants and cooperative agreements to entities that include community-based organizations, colleges and universities, hospitals, private entities, and state, local, and tribal governments.

HRSA's Health Center Program grants help nearly 26 million people access high-quality primary health care in federally qualified health centers.

- Health Centers are community-based and patient-directed organizations that deliver comprehensive, culturally competent, high-quality primary health care services regardless of a patient's ability to pay. Health centers deliver care to the nation's most vulnerable individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and veterans.

HRSA programs also serve people living with HIV/AIDS, pregnant women, mothers, and children. HRSA proudly supports the training of health professionals, the distribution of providers to areas of the country where they are needed most, and improvements in health care delivery. HRSA oversees donations of organs, bone marrow, and cord blood and maintains databases that protect against health care malpractice, waste, fraud and abuse.

HRSA manages and conducts program oversight through its five Bureaus and eleven Offices. For a summary of the missions of each of HRSA's Bureaus and Offices, please see Appendix B.

Visit www.hrsa.gov for more information.

IPV AS A PUBLIC HEALTH ISSUE

Many people experiencing IPV find it difficult to access needed health care services, and are prone to increased immediate and long-term risks for injury and disease.[5-8] According to the CDC, IPV comprises several forms of violence: physical violence, sexual violence, stalking, and psychological aggression.[2] IPV can impact health in various visible and nonvisible ways, often leading to physical injuries and in some cases, death. The experience of IPV is associated with adverse physical health outcomes, including chronic pain; increased risk of stroke, heart disease, and diabetes; gynecological problems; and other chronic health conditions.[3, 9, 10] IPV is also associated with adverse behavioral health outcomes such as depression, alcohol and substance use, and high-risk sexual behaviors.[11] IPV is also associated with absenteeism and reduced productivity in the workplace, which may affect social and economic well-being, and exacerbate the risk of poor health outcomes for survivors and their families.[12]

IPV AND SPECIFIC POPULATIONS

IPV disproportionately affects specific populations, including many of those served by HRSA's programs. While HRSA does not systematically collect data from programs on IPV prevalence, national estimates illustrate that IPV is experienced at different rates across various sub-populations of Americans.

1. **PREGNANT WOMEN:** Homicide is a common cause of death for pregnant women, and nearly half of pregnancy-related homicides are associated with IPV.[13] IPV increases risk for particularly harmful consequences for pregnant women, including abdominal trauma, sexually transmitted and other infections, and exacerbation of chronic health conditions such as hypertension and diabetes due to increased stress levels. These conditions increase the likelihood of preterm labor and low birth weight.[14, 15]

2. **RACIAL/ETHNIC MINORITIES:** According to CDC's NISVS, 45 percent of Black women and 48 percent of Native American and Alaska Native women have experienced sexual violence, physical violence, or stalking by a partner in their lifetimes, compared to 18 percent of Asian women, 34 percent of Hispanic women, and 37 percent of White women. Black men (40 percent), as well as Native American and Alaska Native men (41 percent), are also more likely to have experienced sexual violence, physical violence, or stalking by a partner when compared to White men (30 percent) and Hispanic men (30 percent).[1]

3. **ADOLESCENTS:** Findings from the Survey on Teen Relationships and Intimate Violence suggest that two out of three teen boys and seven out of ten adolescent girls have experienced some form of relationship abuse in their lifetime, including psychological abuse.[16] Additionally, the occurrence and severity of IPV peaks in young adulthood.[17]

4. LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER (LGBTQ) INDIVIDUALS: Bisexual women are the most likely to have experienced at least one form of IPV when compared to lesbians and heterosexual women. More than 61 percent of bisexual women reported a lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner, compared to 44 percent of lesbians and 35 percent of heterosexual women.[18] Data on IPV prevalence among the transgender population is scarce. According to one review, lifetime IPV prevalence in existing studies has ranged from 31 to 50 percent, and prevalence of intimate partner sexual abuse in particular has ranged between 25 and 47 percent.[19] Additionally, one meta-analysis found that the lifetime IPV prevalence among men who have sex with men (MSM) ranges from 32 to 82 percent.[20]

5. PEOPLE LIVING WITH HIV/AIDS (PLWHA): More than half (55 percent) of HIV-positive women have experienced IPV, compared to a third of HIV-negative women.[21] The risk of acquiring sexually transmitted infections, including HIV, is four times greater among women in violent relationships, compared to those in non-violent relationships.[22] Furthermore, research suggests a strong association between IPV and HIV-positive status among MSM.[18] For both men and women living with HIV, IPV is associated with lower rates of engagement in HIV care, higher viral loads, poor treatment outcomes, and greater transmission risk behaviors.[23, 24]

6. INDIVIDUALS LIVING WITH DISABILITIES: In a study using data from the National Epidemiologic Survey of Alcohol and Related Conditions, women with physical disabilities are more likely to experience IPV, and women with intellectual disabilities are nearly twice as likely as those without to report abuse by a partner. Men with intellectual disabilities are also more likely to experience IPV.[25]

7. INDIVIDUALS WITH SUBSTANCE USE DISORDERS: Research suggests an association between substance use and IPV among women.[26-28] The relationship between IPV and substance use is not fully understood, although evidence suggests a possible bidirectional influence. That is, being under the influence of drugs and alcohol may increase susceptibility to IPV. [29] Furthermore, adverse drug and alcohol use is a co-occurring behavior among IPV survivors.[30]

8. INDIVIDUALS LIVING IN RURAL AREAS: Research suggests that IPV prevalence in rural areas may be equal to or slightly higher than rates in non-rural areas.[31] Survivors living in rural areas face numerous unique barriers to accessing IPV-related health and social services.[6, 31]

ADDRESSING IPV IN HEALTH SETTINGS

To effectively provide high-quality health care, it is crucial to address complex social determinants of health, such as IPV. Evidence suggests that screening for IPV in primary care settings and educating all patients about IPV, along with existing community-based resources can reduce incidents of IPV, improve physical and mental health, and improve safety.[32] In fact, women who talk to their providers about their experience of abuse are four times more likely to use an IPV intervention to which their providers refer them (e.g., shelter, protective order).[33] These crucial conversations also enable health care providers to help survivors plan for safety or to connect them to safety planning resources, regardless of whether they remain in the abusive relationship.[32, 34]

Unfortunately, IPV survivors often do not discuss their abuse with health care providers due to low screening rates in health care settings.[35] For many survivors, the abuse itself can keep them from accessing medical care, as current or former partners often seek to control all aspects of survivors' lives. Additional barriers include shame and embarrassment, fear of retaliation, fear that their children will be taken away, and concerns that the police might become involved and arrest their partner.[36-38] Furthermore, geographic location poses a barrier for many individuals, particularly those in rural areas who may not have nearby access to quality health care and services. [31] Immigrants and refugees face language barriers, different cultural norms, and general unfamiliarity with the U.S. health care system, which may hinder their ability or willingness to access care or disclose their IPV experiences.[39-41]

Women who talk to their providers about their experience of abuse are **4 times more likely to use an IPV intervention**.[33]

Health care providers cite several factors in not asking about IPV during patient encounters: the absence of a clear protocol for screening practices, lack of time, low self-efficacy, discomfort with the topic, or lack of knowledge.[35] Providers also note that the lack of clear referral and follow-up protocols for patients who do disclose abuse leaves them with a sense that they are limited in offering help.[35] This highlights the need for integration of health care and community services to support IPV survivors. It also underscores the need for integration of behavioral health and primary care for survivors.

Fortunately, research on existing interventions across broad health care settings (e.g., emergency departments, primary care clinics, OB/GYN clinics) suggests that targeted provider training, technical assistance (TA) and education on IPV screening, referral protocols, as well as adopting broad system changes, can be effective in helping providers overcome these barriers.[42, 43] The Strategy describes many of the available tools, trainings, and TA resources that can support public health professionals, health care providers, and health care settings to better serve individuals and communities impacted by IPV.

From 2017 to 2020, HRSA Bureaus and Offices will implement *The HRSA Strategy to Address Intimate Partner Violence*, an innovative model that focuses on a critical social determinant of health through agency-wide collaborative action.

THE STRATEGY

The participating Bureaus and Offices developed a bold vision for the agency: *A world free from intimate partner violence, where engaged community and health care systems ensure access to high-quality health services and coordinated care for all.*

This vision led to three guiding principles that informed the priorities, activities, and intended outcomes identified in the Strategy:

1. A comprehensive, evidence-based, coordinated community and health systems-level response to IPV is needed.
2. Collaboration within HRSA and with other HHS agencies is essential for bringing about sustainable change at all levels of the health care system.
3. Culturally relevant and trauma-informed practices for IPV are at the heart of the Strategy.

The Strategy serves as a framework for the agency to address IPV, outlining actions that each Bureau and Office will take, both individually and collaboratively, as well as in partnership with federal agencies and grantees.

The activities will be implemented in three phases between 2017 and 2020:

- Year 1 (2017-2018): Raise awareness to achieve agency-wide buy-in while continuing to identify, develop, and enhance activities
- Year 2 (2018-2019): Implement project work plans and establish initial metrics and descriptive tracking systems
- Year 3 (2019-2020): Work to strengthen metrics and conduct evaluations where feasible, and plan for sustainability

STRATEGIC PRIORITIES, OBJECTIVES, AND ACTIVITIES

The Strategy's objectives and activities are organized within four priorities describing how HRSA's employees and programs can address IPV:

PRIORITY 1. TRAIN THE NATION'S HEALTH CARE AND PUBLIC HEALTH WORKFORCE TO ADDRESS IPV AT THE COMMUNITY AND HEALTH SYSTEMS LEVELS

PRIORITY 2. DEVELOP PARTNERSHIPS TO RAISE AWARENESS ABOUT IPV WITHIN HRSA AND HHS

PRIORITY 3. INCREASE ACCESS TO QUALITY IPV-INFORMED HEALTH CARE SERVICES ACROSS ALL POPULATIONS

PRIORITY 4. ADDRESS GAPS IN KNOWLEDGE ABOUT IPV RISKS, IMPACTS, AND INTERVENTIONS

Each section is structured as follows:

i. Strategic objectives within each priority
ii. Key activities supporting each objective
iii. Contributing Bureaus and Offices (and/or HHS partners)
iv. Intended outcomes

Throughout the document, *Strategic Objectives* refer to the specific aims necessary to meet each priority. *Activities* directly support these strategic objectives. Bureaus, Offices, and non-HRSA partners designated as *Leads* will play the primary role in spearheading, coordinating, and implementing the activities. Activities where Bureaus and Offices have been designated as *Collaborators* indicate efforts where they are either co-leading or supporting the activity.

BUREAU AND OFFICE ACRONYMS

In the chapters that follow, please refer to the following acronyms that denote the designated lead or collaborating HRSA Bureau or Office under each activity:

Bureau of Health Workforce **(BHW)**
Bureau of Primary Health Care **(BPHC)**
Federal Office of Rural Health Policy **(FORHP)**
Healthcare Systems Bureau **(HSB)**
HIV/AIDS Bureau **(HAB)**
Maternal and Child Health Bureau **(MCHB)**
Office of Civil Rights, Diversity, and Inclusion **(OCRDI)**
Office of Communications **(OC)**
Office of Federal Assistance Management **(OFAM)**
Office of Global Health **(OGH)**
Office of Health Equity **(OHE)**
Office of Planning, Analysis, and Evaluation **(OPAE)**
Office of Regional Operations **(ORO)**
Office of Women's Health **(OWH)**

PRIORITY:

1

TRAIN the Nation's Health Care and Public Health Workforce to **ADDRESS** IPV at the Community and Health Systems Levels

"If we are going to end violence against women and children in this country, we must engage providers to support systems-level change. There are concrete practices and low-cost interventions to address IPV that can be utilized today by providers in health care settings, home visiting programs, and community-based organizations. Considering the severe consequences of IPV, we, as an agency, must prepare the public health workforce to address this issue in the communities they serve."

– Dr. Michael Lu, M.D., M.S., M.P.H.,
Associate Administrator, Maternal and Child Health Bureau

HRSA's vision for addressing IPV requires **TRAINING** the nation's health care and public health workforce with evidence-based tools to **ADDRESS** the complexities of IPV.

Between 2017 and 2020, HRSA's Bureaus and Offices are committed to two integrated workforce-training objectives to support community and health-system level changes in the communities HRSA serves:

STRATEGIC OBJECTIVE 1.1: Create or adapt a range of culturally competent, evidence-based, and trauma-informed educational materials and technical assistance on IPV for health care and public health professionals in the field

STRATEGIC OBJECTIVE 1.2: Expand IPV technical assistance and training opportunities for the health care workforce through HRSA Bureaus' and Offices' national and regional grant programs and training networks

STRATEGIC OBJECTIVE 1.1: Create or adapt a range of culturally competent, evidence-based, trauma-informed educational materials and technical assistance on IPV for health care and public health professionals in the field

KEY ACTIVITIES INCLUDE:

BUILD THE EVIDENCE BASE FOR IPV PRACTICES AND RESOURCES FOR RURAL POPULATIONS

Lead: FORHP

- FORHP will increase the number of evidence-based IPV programs showcased in the Rural Community Health Gateway, housed within the Rural Health Information (RHI) Hub. FORHP funds the RHI Hub as a national clearinghouse on rural health issues.
- FORHP will facilitate peer-to-peer connections and cross-sharing of evidence-based best practices that have been employed specifically in rural communities to address IPV.

PROVIDE TECHNICAL EXPERTISE TO DEVELOP CULTURALLY AND LINGUISTICALLY COMPETENT IPV EDUCATIONAL RESOURCES FOR VARIOUS HEALTH CARE PROVIDERS

Collaborators: BHW, FORHP, OCRDI, OGH, OHE, ORO, and OWH

- OWH will develop or tailor educational materials that highlight IPV as a social determinant of health.
- OHE will review IPV resources to ensure they advance HRSA's mission to reduce health disparities. OHE and OWH will review new resources in terms of adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards).
- OGH will work with partners such as the HHS Office of Global Affairs U.S. - Mexico (USM) Border Health Commission to vet materials for contextual appropriateness.
- ORO will ensure that materials are relevant to specific populations across all U.S. regions (i.e., through translation and prioritizing content that reflects specific demographics).
- OWH will create and maintain a list of subject matter experts that HRSA employees can consult as needed on IPV and its intersection with other health topics (e.g., HIV, substance use, serious mental illness).
- FORHP will identify rural health experts who have specific expertise in IPV.

- BHW will work with the Regional Public Health Training Center (RPHTC) Program to develop or refine IPV training materials for the public health workforce. RPHTC improves the nation's public health system by strengthening the technical, scientific, managerial, and leadership competencies of the current and future public health workforce through education, training, and consultation services.
- As part of HRSA's Language Access Implementation Initiative, OCRDI and OHE will ensure that the development of IPV interventions takes into account language access for individuals who do not speak English as their primary language, and assess IPV educational resources and provide TA as needed to ensure meaningful access for this population.

LEAD OUTREACH TO KEY ORAL HEALTH STAKEHOLDERS, INCLUDING FEDERAL AND NON-FEDERAL PARTNERS, TO COLLABORATE ON MECHANISMS TO BETTER ADDRESS IPV IN ORAL HEALTH CARE SETTINGS

Lead: HRSA's Chief Dental Officer (CDO) within OPAE, and HRSA's Oral Health Workgroup in collaboration with OWH

- The CDO will work with OWH to identify intersections to better address IPV through HRSA's current oral health portfolio in alignment with the HHS Oral Health Strategic Framework. The CDO will work with HRSA's Oral Health Workgroup to facilitate outreach to key oral health stakeholders and partners who have interest in education and training on screening for IPV and family violence during oral health care visits.

INTENDED OUTCOMES 1.1

- A compendium of evidence-based, culturally and linguistically appropriate trauma-informed IPV training resources (e.g., curricula, toolkits, experts) for health care and public health professionals
- A model for collaboration on the development of culturally competent materials pertaining to other social determinants of health

STRATEGIC OBJECTIVE 1.2: Expand IPV technical assistance and training opportunities for the health care workforce through HRSA Bureaus' and Offices' national and regional grant programs and training networks

KEY ACTIVITIES INCLUDE:

FACILITATE ACCESS TO HEALTH WORKFORCE TRAINING ON IPV THROUGH HRSA'S EXISTING NETWORKS

Collaborators: BHW, BPHC, ORO, and OWH

- BPHC and OWH will disseminate training materials through existing training channels, such as national TA calls, webinars, and "all program calls."
- BHW will incorporate IPV as a topic during various TA and training opportunities, such as BHW Workforce Grand Rounds, Area Health Education Centers quarterly calls, and Behavioral Health Workforce Education and Training TA calls.
- BHW and ORO will collaborate on trainings delivered by RPHTCs.

INTEGRATE IPV CONTENT INTO EXISTING NATIONAL TRAINING PROGRAMS THAT PREPARE CLINICIANS TO COMPREHENSIVELY ADDRESS THE HEALTH NEEDS OF PEOPLE LIVING WITH HIV/AIDS

Lead: HAB

- The AIDS Education and Training Centers Program within the Ryan White HIV/AIDS Program (RWHAP)—a network of eight regional centers with more than 130 local affiliated sites, and two national centers—will make IPV training available to providers upon request. RWHAP provides a comprehensive system of care that includes primary medical care and essential support services for uninsured or underinsured PLWHA.
- HAB's TARGET Center website will consolidate a topic-specific landing page on IPV and highlight IPV capacity building resources for grant recipients.
- HAB will partner with Futures Without Violence, which is ACF's designated National Health Resource Center on Domestic Violence (NHRCDV), to identify three to five RWHAP clinics willing to participate in a small-scale pilot designed to bolster providers' skills in assessing and responding to IPV among PLWHA.
    - The Family Violence Prevention and Services Program of ACF's Family and Youth Services Bureau funds the NHRCDV to serve as the nation's clearinghouse for information, training, and TA on the health care response to domestic violence.

DISSEMINATE IPV TRAINING AND TA MATERIALS VIA HRSA'S NATIONAL HANSEN'S DISEASE PROGRAM TO ITS NATIONAL NETWORK OF HEALTH CARE PROVIDERS

Lead: HSB

- HSB will distribute IPV educational materials to providers and students through its website and through its ambulatory care clinics and educational seminars.
- HSB will include educational pamphlets about IPV in medication shipments to providers in private practices.
- HSB will facilitate distribution of IPV safety cards from the IPV Health Partners Toolkit to clinics for placement in patient waiting areas.

DISSEMINATE THE IPV HEALTH PARTNERS TOOLKIT AND OTHER IPV EDUCATIONAL RESOURCES TO EXISTING NETWORKS

Collaborators: BHW, BPHC, FORHP, HAB, MCHB, OC, OGH, ORO, OWH, and ACF

- OWH will brief HRSA employees on the toolkit and specific resources most relevant to subpopulations served by each Bureau and Office (e.g., pregnant women, PLWHA, rural communities).
- BPHC will share the toolkit through its Primary Care Digest newsletter and utilize national cooperative agreements and primary care associations to target key audiences and disseminate training and TA. National cooperative agreements are formed with national organizations that receive HRSA funds to help health centers and look-alikes meet program requirements and improve performance. Primary care associations are state or regional nonprofit organizations that use HRSA funds to provide training and TA to safety-net providers.
- MCHB will post the toolkit on its Women's Health and Adolescent and Young Adult Health webpages, and feature the toolkit in its employee newsletter.
- MCHB will collaborate with OWH to disseminate the toolkit and other evidence-based strategies to MCH grantees and stakeholders, leveraging a variety of communication channels.
- ORO will ensure that HRSA grantees are aware of and have access to the toolkit.
- ORO will share the toolkit, educational resources, and other IPV policy-relevant information with state officials and grantees across all HHS regions.
- FORHP will make the toolkit and other IPV resources relevant to rural populations (i.e., Violence and Abuse in Rural America Topic Guide), and share resources with grantees through the RHI Hub.
- FORHP will support the adaptation of the toolkit for providers in rural health clinics and critical access hospitals.

- BHW will raise awareness of the toolkit and other IPV resources during visits to National Health Service Corps and NURSE Corps sites, including those in tribal areas. These programs offer scholarships or loan repayment assistance to support qualified health care providers who choose to serve in medically underserved communities.
- HAB will disseminate the toolkit through its program listserv, which will reach all of its grant recipients.
- OGH will work with OWH to share the toolkit and other IPV resources with other countries and international institutions (e.g., Pan American Health Organization, USM Border Health Commission) to support improvement of population health globally.
- OWH will engage with federal partners across HHS to raise awareness of the toolkit among a broader audience of health professionals (e.g., engaging the Agency for Healthcare Research and Quality to share the toolkit with providers implementing the U.S. Preventive Services Task Force Recommendations for Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults: Screening).
- OWH will collaborate with ACF and select HRSA Bureaus and Offices to present the toolkit at conferences, meetings, and to key stakeholder groups.

WORK WITH STAKEHOLDERS TO IMPLEMENT THE UPDATED 2016 WOMEN'S PREVENTIVE SERVICES RECOMMENDATIONS SUPPORTING IPV SCREENING AND COUNSELING

Lead: MCHB

- MCHB will support the Women's Preventive Services Initiative Implementation Steering Committee members in implementing the updated IPV recommendations to support utilization among both patients and providers, and in sharing tools and resources.

PROVIDE IPV INFORMATIONAL RESOURCES TO MINORITY-SERVING COLLEGES AND UNIVERSITIES

Lead: OHE; Collaborators: ORO, OWH

- OHE will work with OWH to provide IPV informational resources to institutions serving tribal, Hispanic, Black, Asian American, and Native American Pacific Islander populations. These resources will be shared through the OHE listserv, website, and quarterly e-newsletter. OHE will write an article for the e-newsletter alerting minority-serving colleges and universities about HRSA's efforts to address IPV.
- ORO will work with OWH to provide IPV informational resources to minority-serving colleges and universities through its networks across the regions.

EXTEND THE REACH OF HRSA'S IPV-RELATED MATERIALS AND APPROACHES TO OTHER COUNTRIES

Lead: OGH; Collaborator: OWH

- OGH and OWH will work with the U.S. Department of State to determine ways to incorporate IPV content into topic areas covered by the International Visitors Leadership Program (IVLP). The IVLP is a professional exchange program offering short-term experiences in the United States to current and emerging foreign leaders in a variety of fields to teach them about interest areas and cultivate lasting relationships with American counterparts. OGH will introduce or incorporate the IPV topic area to IVLP visitors meetings at HRSA as appropriate.
- OGH will take advantage of all opportunities to share HRSA's IPV materials with other international organizations, (e.g., Pan American Health Organization, World Health Organization, Organisation for Economic Co-operation and Development).

INTENDED OUTCOMES 1.2

- Large-scale expansion and enhancement of training and TA opportunities for practicing health care and public health workers, who will then be able to identify and provide high-quality, trauma-informed care for IPV survivors and mitigate IPV-related adverse outcomes
- Increased awareness of the IPV Health Partners Toolkit among HRSA grantees
- Integration of IPV into existing HRSA training programs and/or stand-alone training and TA programs, using online and other distance-learning strategies
- Increased knowledge and awareness of IPV and TA resources among health care and public health professionals, domestically and globally

PRIORITY:

2

DEVELOP Partnerships to Raise **AWARENESS** about IPV within HRSA and HHS

"From my experience working on the frontline at health centers, I appreciate the value of partnerships. When HRSA programs commit to the system-wide integration of care, including developing formal partnerships with community-based social service organizations to address intimate partner violence, they can be better positioned to improve health outcomes for the patients they serve."

– Dr. Judith Steinberg, M.D., M.P.H.,
Chief Medical Officer, Bureau of Primary Health Care

A priority for HRSA is to build **AGENCY CAPACITY** to respond effectively to IPV as a social determinant of health. By raising **AWARENESS** of IPV among HRSA employees, as well as through partnerships that extend HRSA's impacts on the field, HRSA will lead the way in **DEVELOPING** systems-level changes on IPV and health.

Between 2017 and 2020, HRSA Bureaus and Offices are committed to the following two strategic objectives:

STRATEGIC OBJECTIVE 2.1: Leverage existing mechanisms to promote awareness of IPV as a public health issue among HRSA employees

STRATEGIC OBJECTIVE 2.2: Establish within-HRSA and interagency partnerships on IPV

STRATEGIC OBJECTIVE 2.1: Leverage existing mechanisms to promote awareness of IPV as a public health issue among HRSA employees

KEY ACTIVITIES INCLUDE:

CONTINUE AGENCY-WIDE COORDINATION FOR IPV-RELATED ACTIVITIES

Lead: OWH; Collaborator: OCRDI

OWH will continue to lead internal and external IPV awareness-raising initiatives in accordance with health-focused observances such as National Public Health Week, National Domestic Violence Awareness Month, National Human Trafficking Awareness Day, and National Women's Health Week.

- OWH will work with OCRDI and the Office of Human Resources to promote awareness of HRSA's workplace violence prevention policy among all HRSA employees.

RAISE AWARENESS AMONG HRSA EMPLOYEES ABOUT IPV AND THE IMPACTS ON SOCIALLY DISADVANTAGED AND UNDERSERVED POPULATIONS

Leads: HAB and OHE; Collaborators: ORO, OWH

- OHE will work with OWH to integrate IPV content into public health-focused observances and events centered on socially disadvantaged and underserved populations such as National LGBT Health Awareness Week, LGBT Pride Month, and National Minority Health Month.
- ORO will work with OWH and OHE to educate regional employees on the IPV Health Partners Toolkit, with a special focus on culturally appropriate implementation and train-the-trainer approaches.
- HAB will include IPV as a discussion topic in its clinical hot topic series. An expert on the intersection between HIV and IPV will lead the discussion to increase project officers' awareness of this issue for grant monitoring purposes.

EDUCATE HHS REGIONAL EMPLOYEES THROUGHOUT THE COUNTRY ABOUT HRSA'S COMMITMENT TO THE ISSUE OF IPV AND HEALTH

Leads: ORO; Collaborator: OWH

- ORO will work with OWH to develop materials to brief the HHS Offices of the Regional Director and the Offices of the Regional Health Administrator on the development and implementation of *The HRSA Strategy to Address Intimate Partner Violence*.

INTENDED OUTCOMES 2.1

- Increased knowledge among HRSA employees on the importance of IPV as a social determinant of health and critical mediator to health outcomes affecting the communities HRSA serves
- Active and comprehensive participation among select Bureaus and Offices in IPV-related initiatives (e.g., national health observances)
- Increased opportunities to collaborate across Bureaus and Offices on IPV-related initiatives

STRATEGIC OBJECTIVE 2.2: Establish within-HRSA and interagency partnerships on IPV

KEY ACTIVITIES INCLUDE:

ADD AN IPV COMPONENT TO THE SAMHSA-HRSA CENTER FOR INTEGRATED HEALTH SOLUTIONS (CIHS)

Leads: OPAE and OWH

- OWH and OPAE will work with SAMHSA to establish and maintain a webpage solely dedicated to IPV resources within the CIHS. The IPV page will link to federally vetted tools, TA resources, and related materials, and will be promoted to SAMHSA's and HRSA's stakeholders. Subject matter experts from other HHS operating and staff divisions, as well as internal and external experts, will be consulted to ensure appropriate and current content.

PARTNER WITH OTHER AGENCIES ON TOPICS THAT DIRECTLY RELATE TO IPV

Lead: ORO; Collaborators: OWH and ACF

- ORO will work with OWH and ACF to disseminate ACF's SOAR training on human trafficking for health care providers working in HRSA-funded programs throughout HHS regions.
- ORO and OWH will raise awareness among HRSA's grantee communities about resources available through ACF's National Human Trafficking Training and Technical Assistance Center, and the Rescue & Restore Victims of Human Trafficking Regional Program.
- ORO will convene a listening session in collaboration with OWH and other regional agencies to explore the intersection between IPV and human trafficking, and elucidate referral mechanisms that facilitate the seamless connection of trafficking survivors to local health care and other resources.

INTENDED OUTCOMES 2.2

- A central location to direct HHS grantees to vetted training and TA resources on IPV
- Innovative interdepartmental partnerships on IPV that leverage each partner's existing resources and competencies

PRIORITY:

3

Increase **ACCESS** to Quality IPV-Informed Health Care Services across All **POPULATIONS**

"As HRSA works to move the needle on multiple health outcomes, we know that IPV can directly impact or mediate these outcomes. The impact of IPV is further magnified when the major physical, social, and financial cost burdens are considered. This Strategy demonstrates HRSA's leadership and commitment to a broad array of culturally relevant, specific actions to benefit the people our programs serve every day."

– Sabrina Matoff-Stepp, Ph.D.,
Director, Office of Women's Health

Central to *The HRSA Strategy to Address Intimate Partner Violence* is a dual focus on increasing both IPV awareness and **ACCESS** to quality IPV-informed health care **SERVICES**. Realizing a coordinated and sustainable response to IPV requires addressing risk and protective factors, and identifying effective interventions at **ALL LEVELS** of the health care system.

Between 2017 and 2020, HRSA Bureaus and Offices are committed to the following four strategic objectives:

STRATEGIC OBJECTIVE 3.1: Highlight the importance of IPV as a topic that HRSA grantees can propose to address

STRATEGIC OBJECTIVE 3.2: Increase awareness of IPV among HRSA's key external stakeholders

STRATEGIC OBJECTIVE 3.3: Improve the delivery of IPV-related services for economically disadvantaged and geographically isolated communities

STRATEGIC OBJECTIVE 3.4: Establish a model of collaboration among federal, state, and local health care leaders to strengthen systems of care for IPV

STRATEGIC OBJECTIVE 3.1: Highlight the importance of IPV as a topic that HRSA grantees can propose to address

KEY ACTIVITIES INCLUDE:

INCORPORATE TEXT RELATED TO IPV AS APPROPRIATE IN FEDERAL ASSISTANCE PLANNING TOOLS, SUCH AS A NOTICE OF FUNDING OPPORTUNITY (NOFO)

Lead: OFAM in partnership with OWH and grant program staff across HRSA; Collaborator: FORHP

- OFAM will review draft NOFOs and engage in discussions with Bureaus and Offices to identify potential opportunities for inclusion of IPV examples of allowable activities. For example, in FY17, HAB's Part D supplemental grant program included NOFO language seeking proposals for IPV-related activities.
- OFAM will partner with OWH to review relevant NOFO drafts.
- OFAM will include links to IPV resources in the NOFO Application Guides.
- FORHP will include IPV-related language in NOFOs as appropriate to encourage more research and programming in rural communities.

ENGAGE IN BI-DIRECTIONAL DIALOGUE ABOUT IPV WITH CURRENT HRSA GRANTEES

Collaborators: BPHC, FORHP, MCHB, OHE, ORO, and OWH

- ORO, with support from OHE and OWH, will conduct IPV listening sessions with HRSA grantees—including tribes—across multiple HHS regions in order to learn more about the prevalence, needs, and activities occurring in the regions, and to share actionable information and requests with HRSA headquarters.
- MCHB and OWH will issue a joint statement to MCHB grantees, which will highlight available IPV resources and underscore MCHB's commitment to IPV as an important maternal and child health issue. The statement will also open up an avenue for future dialogue between MCHB and its grantees on IPV service delivery within their respective populations.
- FORHP and BPHC will gather information from their grantees about their experiences using the IPV Health Partners Toolkit and other HRSA and IPV-related resources, with the aim of using their feedback for quality improvement.

INTENDED OUTCOMES 3.1	• Targeted opportunities to introduce IPV-related language into HRSA federal assistance planning tools, resulting in grant projects that embed IPV identification and prevention into activities and clinical care management • Engagement of HRSA grantees as partners in identifying and preventing IPV; select grant projects identify tailored approaches and best practices

STRATEGIC OBJECTIVE 3.2: Increase awareness of IPV among HRSA's key external stakeholders

KEY ACTIVITIES INCLUDE:

LEVERAGE EXISTING NETWORKS TO ENGAGE EXTERNAL STAKEHOLDERS ABOUT IPV AS A SOCIAL DETERMINANT OF HEALTH

Lead: OGH; Collaborators: BHW, BPHC, MCHB, ORO, and OWH

- OGH, in collaboration with OWH, will connect with United Nations (UN) partners to highlight the Strategy in the context of promoting the UN's Sustainable Development Goals (SDGs). OGH will aim to establish a common understanding of how HRSA contributes to the implementation of SDGs to address violence against women and girls.
- OGH, in collaboration with OWH, ORO, BPHC, MCHB, BHW, and the HHS Office of Global Affairs' USM Border Health Commission, will host a women's health forum as part of HRSA's USM Border Health Strategy Workgroup's activities for Border Health Month and include IPV as a key topic area. The purpose of HRSA's Border Health Strategy is to identify opportunities for integrating services across HRSA programs and to leverage HRSA's investments and partnerships with public and private stakeholders to reduce health disparities in the domestic border region.
- OGH will work with OWH to elevate IPV as a key social determinant of health when conducting multilateral document reviews, such as World Health Assembly resolutions.
- OWH in collaboration with Bureaus and Offices will seek to establish strategic relationships as appropriate with federal, academic, nonprofit, and community-based organizations working to address IPV nationally and locally, especially in the communities HRSA serves.

INTENDED OUTCOMES 3.2

- An expanded network of HRSA's external stakeholders that address IPV as an important social determinant of health in their local communities across the nation
- Collaborations that align IPV with other related social issues, such as global development and health, and women's empowerment

STRATEGIC OBJECTIVE 3.3: Improve the delivery of IPV-related services for economically disadvantaged and geographically isolated communities

KEY ACTIVITIES INCLUDE:

IMPROVE IPV SCREENING, REFERRAL, AND HEALTH-RELATED OUTCOMES FOR FAMILIES

Lead: MCHB

- MCHB will work to increase the rate of IPV screening and service referrals among participants in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) and Healthy Start programs. MCHB aims to achieve an IPV screening rate of 90 percent for both programs. Currently, both programs require that grantees assess IPV performance measures among participants.
- MCHB will work with grantees to maximize the impact of their efforts through TA, the release of a change package with relevant recommendations, and regular data-monitoring to track progress. Through local home-visiting programs, MIECHV gives pregnant women and families—particularly those considered at-risk—necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn. Healthy Start supports the health of America's mothers and children before, during, and beyond pregnancy.

EXPLORE PRESENT AND FUTURE MCH PROGRAM COLLABORATIONS AROUND IMPROVING SCREENING, REFERRAL, AND HEALTH-RELATED OUTCOMES FOR FAMILIES IMPACTED BY IPV

Lead: MCHB's Division of Home Visiting and Early Childhood Systems in partnership with OWH

- MCHB will work with OWH in a phased approach to:
  - Examine the baseline collection of the new MIECHV standardized IPV performance measure
  - Explore IPV as a priority for consideration as a new change topic for Home Visiting Collaborative Improvement & Innovation Networks (CoIIN 2.0)
  - Review MIECHV state awardee trends, challenges, and successes with the implementation of IPV performance measures utilizing awardee feedback and TA resources (e.g., applications, annual TA scan, TA requests)
    - CoIINs are multidisciplinary teams of federal, state, and local leaders working together to tackle a common problem. They enable participants to self-organize, forge partnerships, and take coordinated action to address complex issues through structured collaborative learning, quality improvement, and innovative activities.

INTENDED OUTCOMES 3.3	• Attain a screening rate of 90 percent in both the MIECHV and Healthy Start programs

STRATEGIC OBJECTIVE 3.4: Establish a model of collaboration among federal, state, and local health care leaders to strengthen systems of care for IPV

KEY ACTIVITIES INCLUDE:

SCALE IMPLEMENTATION OF IPV TRAINING THROUGH A NEW HRSA-FUNDED STATE LEADERSHIP MODEL FOR IMPROVING HEALTH OUTCOMES THROUGH VIOLENCE PREVENTION

Collaborators: BPHC, OWH, and ACF

- In collaboration with ACF and Futures Without Violence, BPHC and OWH will:
  - Establish three to five state leadership partnerships among primary care associations (PCAs), state health departments (SHDs), and their respective state domestic violence coalitions (SDVCs)
  - Adapt, refine, and enhance the IPV Health Partners Toolkit developed under FY14-16 HRSA-supported IPV pilot projects
    - State leadership teams will support training and TA, and work to operationalize screening, counseling, and universal education for IPV and human trafficking in HRSA-supported health centers and local community-based social service sites. This initiative will foster the transformation of state-level systems and skill-building approaches to address the integration of trauma-informed and violence-related policies, practices, and partnerships.

INTENDED OUTCOMES 3.4

- Establish multiple partnerships at the state level to support health centers in the integration of violence and trauma-informed systems of care, including universal education, screening, and counseling for IPV and response to human trafficking
- A replicable model for PCAs, SHDs, and SDVCs on the integration of violence and trauma-informed systems of care
- Integration of information from the IPV Health Partners Toolkit and other IPV-related resources into health centers' protocols and policies

PRIORITY:

4

ADDRESS Gaps in **KNOWLEDGE** about IPV Risks, Impacts, and Interventions

"As we work to address HIV/AIDS, we cannot ignore the role of trauma and IPV on HIV seroprevalence, medication adherence, and access to care. We must continue to develop innovative models of care and to utilize evidence-based interventions to address IPV in health settings to improve outcomes. This important work will not only positively impact people living with HIV/AIDS, but all populations served by HRSA programs."

– Dr. Laura Cheever, M.D., Sc.M.,
Associate Administrator, HIV/AIDS Bureau

ADVANCING HRSA's vision for IPV requires a commitment to learning about effective IPV **INTERVENTIONS**. Addressing IPV across communities necessitates an understanding of the wide-ranging risks and impacts for survivors, as well as for their **FAMILIES AND COMMUNITIES**.

Between 2017 and 2020, HRSA's Bureaus and Offices are committed to the following two strategic objectives:

STRATEGIC OBJECTIVE 4.1: Contribute to the evidence base on the risk factors and impacts of IPV

STRATEGIC OBJECTIVE 4.2: Support the continuous review and evaluation of federal IPV-related activities and legislative priorities

STRATEGIC OBJECTIVE 4.1: Contribute to the evidence base on the risk factors and impacts of IPV

KEY ACTIVITIES INCLUDE:

EXPLORE ANALYSES OF NATIONAL DATA SOURCES (E.G., THE NATIONAL SURVEY ON CHILDREN'S HEALTH), WITH A FOCUS ON CHILDREN WHO WITNESS IPV

Lead: MCHB; Collaborator: OWH

- MCHB, in consultation with OWH, will explore analyses of national data sources to understand the impact of IPV on children, and those sub-populations of children most disproportionately affected by IPV.

BUILD THE EVIDENCE BASE FOR INTERVENTIONS THAT ADDRESS TRAUMA AMONG PEOPLE LIVING WITH HIV/AIDS (PLWHA)

Lead: HAB

- Through its TA capacity, HAB will establish the Evidence-Informed Intervention Evaluation Center (E2i) Evaluation Center and the E2i Coordinating Center for Technical Assistance to support evidence-based interventions in order to improve health outcomes among PLWHA—with trauma being one of the cornerstone areas.

INTENDED OUTCOMES 4.1

- Improved understanding of the far-reaching effects of IPV on children and families
- Knowledge to inform both policy and programmatic efforts to minimize the impact of IPV on children and families in HRSA's target populations
- Further contributions to evidence-based practices for effective public health approaches that address IPV and trauma

STRATEGIC OBJECTIVE 4.2: Support the continuous review and evaluation of federal IPV-related activities and legislative priorities

KEY ACTIVITIES INCLUDE:

SHARE ONGOING UPDATES TO HRSA-WIDE INVENTORIES FOCUSED ON IPV THAT RELATE TO HHS PRIORITIES, SUCH AS VETERANS' HEALTH, BEHAVIORAL HEALTH, AND OPIOID USE, TO IDENTIFY INTERSECTIONAL OPPORTUNITIES ON IPV-RELATED TOPICS

Lead: OPAE

- OPAE will maintain inventories of all activities currently undertaken by HRSA to address veterans' health, behavioral health, and opioid use. OPAE will update and share the inventories across HRSA Bureaus and Offices to identify how IPV content can be incorporated into current and future programming in these areas.

MAINTAIN AND SHARE AN INVENTORY OF GRANT ACTIVITIES THAT HIGHLIGHT THE INTERSECTION OF MATERNAL AND CHILD HEALTH AND IPV

Lead: MCHB

- MCHB will maintain an inventory of the Bureau's grant activities that pertain to IPV and maternal and child health. MCHB will make this inventory available to HRSA employees to promote awareness and highlight opportunities for cross-agency collaboration.

CONDUCT ANALYSIS OF FEDERAL REGULATORY AND STATE POLICY INITIATIVES RELATED TO IPV TO ASSESS THEIR IMPACT ON SAFETY NET POPULATIONS

Lead: OPAE

- OPAE will identify and provide further analysis of health financing or system design actions that specifically mention IPV to assess the impact on safety net populations, providers, and health care systems that HRSA supports.

PROVIDE COORDINATION AND TA TO BUREAUS AND OFFICES IN DEVELOPING METRICS AND TRACKING MECHANISMS AS THEY BEGIN TO IMPLEMENT, MONITOR, AND EVALUATE IPV-RELATED ACTIVITIES

Collaborators: OPAE, OWH, and Bureau and Office partners

- Over the course of FY18, OWH will work with each Bureau and Office to develop implementation plans and explore appropriate metrics and tracking systems for each IPV Strategy activity. In consultation with each Bureau and Office, OWH will work with OPAE's performance and quality measurement, and research and evaluation offices for further TA.

INTENDED OUTCOMES 4.2

- An understanding of opportunities to address IPV among key safety net populations, within HRSA-supported settings of care, and through the policy landscape
- Formalization of IPV as an area central to HRSA's mission
- A system for assessing the success of HRSA's efforts to address IPV

CONCLUSION

HRSA commits to work through 2020 to advance *The HRSA Strategy to Address Intimate Partner Violence*. By working to improve how health care providers and public health professionals identify and collaborate to address IPV, the activities in the Strategy can contribute to advancing the health and well-being of the women, men, and children served by HRSA.

The Strategy is a vital first step in achieving the vision of a world free from IPV. The year-long strategic planning process carefully considered IPV as a social determinant of health. This is HRSA's first formal cross-Bureau and Office partnership to address this pervasive public health challenge.

The Strategy outlines the ways HRSA will reach communities of providers, patients, and other key stakeholders to impact IPV. In operationalizing the Strategy, Bureaus and Offices will increase HRSA's capacity to reduce IPV through training and technical assistance, program development, research, policy, and partnerships. Partnerships within and outside HRSA are key to the success of the Strategy; experts across the federal government, community organizations, social services, the private sector, and academia will all play a crucial role. Essential partnerships can also support the much-needed advancement of building the evidence base, developing measures, and creating new approaches for effective IPV-related interventions in health care settings.

The priorities, objectives, and activities in these pages provide the critical foundation for implementing this coordinated work. The Strategy will serve as HRSA's bridge to define detailed project implementation plans, process metrics for accountability, and plans for sustainability. Each Bureau and Office identified within the Strategy will contribute project plans that will be compiled into an operational roadmap to accompany the Strategy through 2020.

From 2017 to 2020, the concrete commitments and collective action undertaken by these Bureaus and Offices will position HRSA to make a notable impact on public health and health care, particularly in the communities served by HRSA. The Strategy's success can position HRSA to generate future innovations to address IPV across generations at local, regional, national, and global levels.

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APPENDIX A

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ACF	Administration for Children and Families
BHW	Bureau of Health Workforce
BPHC	Bureau of Primary Health Care
CDC	Centers for Disease Control and Prevention
CDO	Chief Dental Officer
CIHS	SAMHSA-HRSA Center for Integrated Health Solutions
CLAS	National Standards for Culturally and Linguistically Appropriate Services
CoIINs	Collaborative Improvement & Innovation Networks
DVRN	Domestic Violence Resource Network
E2i	Evidence Informed Interventions to Improve Health Outcomes among People Living with HIV
FORHP	Federal Office of Rural Health Policy
FY	Fiscal Year
HAB	HIV/AIDS Bureau
HHS	United States Department of Health and Human Services
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
HSB	Healthcare Systems Bureau
IPV	Intimate Partner Violence
IVLP	International Visitors Leadership Program
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer
MCHB	Maternal and Child Health Bureau
MIECHV	Maternal, Infant, and Early Childhood Home Visiting Program
MSM	Men Who Have Sex with Men
NHRCDV	National Health Resource Center on Domestic Violence
NISVS	National Intimate Partner and Sexual Violence Survey
NOFO	Notice of Funding Opportunity
OB/GYN	Obstetrics and Gynecology
OC	Office of Communications
OCRDI	Office of Civil Rights, Diversity, and Inclusion
OFAM	Office of Federal Assistance Management
OGH	Office of Global Health
OHE	Office of Health Equity
OPAE	Office of Planning, Analysis, and Evaluation
ORO	Office of Regional Operations
OWH	Office of Women's Health

PCAs	Primary Care Associations
PLWHA	People Living with HIV/AIDS
RHI Hub	Rural Health Information Hub
RPHTC	Regional Public Health Training Center Program
RWHAP	Ryan White HIV/AIDS Program
SAMHSA	Substance Abuse and Mental Health Services Administration
SDGs	Sustainable Development Goals
SDVCs	State Domestic Violence Coalitions
SHDs	State Health Departments
SOAR	Stop Observe Ask Respond (SOAR) to Health and Wellness Training
TA	Technical Assistance
UN	United Nations
USM	United States – Mexico

APPENDIX B

HRSA BUREAUS AND OFFICES

Bureau of Health Workforce

The Bureau of Health Workforce administers programs that are designed to strengthen the health workforce and connect skilled professionals to underserved rural, urban, and tribal communities nationwide.

Bureau of Primary Health Care

The Bureau of Primary Health Care oversees the Health Center Program, a national network of health centers that provide comprehensive primary health care services on a sliding fee scale to nearly 26 million people, regardless of a patient's ability to pay.

Healthcare Systems Bureau

The Healthcare Systems Bureau encompasses a diverse set of programs focused on protecting the public health and improving the health of individuals, including solid organ, bone marrow, and cord blood transplantation; poison control center services; countermeasure and vaccine injury compensation; Hansen's Disease direct patient care, provider education, and research; the Medical Claims Review Panel; and the 340B Drug Pricing Program.

HIV/AIDS Bureau

The HIV/AIDS Bureau administers the Ryan White HIV/AIDS Program, which provides a comprehensive system of care for people living with HIV. The program works with cities, states, and local community-based organizations to provide HIV care and treatment services to more than half a million people each year.

Maternal and Child Health Bureau

The Maternal and Child Health Bureau's programs serve more than 50 million women, children, and families each year, including half of all pregnant women and one-third of all infants and children in the United States.

Federal Office of Rural Health Policy

The Federal Office of Rural Health Policy provides policy support to the Office of the Secretary and funds a number of rural health programs, including rural health networks, black lung clinics, telehealth, and veterans rural health access programs.

Office of Communications

The Office of Communications oversees communications to and from the public, including media, social media, speeches, presentations, and web content; it also handles clearances of agency publications and reports.

Office of Civil Rights, Diversity, and Inclusion

The Office of Civil Rights, Diversity, and Inclusion protects and serves the rights of all HRSA employees, applicants, and beneficiaries of federal funds by enforcing federal laws, policies, and practices prohibiting discrimination.

Office of Federal Assistance Management

The Office of Federal Assistance Management provides assurance of the financial integrity of HRSA's grant programs, and oversees HRSA grant activities to ensure they are managed in an effective manner.

Office of Global Health

The Office of Global Health is HRSA's point of contact with the HHS Office of Global Affairs to improve the health of Americans through global action.

Office of Health Equity

The Office of Health Equity works across HRSA to reduce health disparities and improve health equity through agency programs and policies.

Office of Legislation

The Office of Legislation serves as the Administrator's primary staff and principal source of advice on legislative affairs, which includes preparation of testimony to congressional committees, developing legislative proposals, and facilitating communication between the administrator and HHS leadership on legislative matters.

Office of Operations

The Office of Operations provides an array of essential agency-wide financial, acquisitions, IT, budget, management, human resource, and administrative services to HRSA's Bureaus and Offices.

Office of Planning, Analysis, and Evaluation

The Office of Planning, Analysis, and Evaluation serves as an agency source for policy analysis, performance data, organizational planning, external agency engagements, research, and evaluation.

Office of Regional Operations

The Office of Regional Operations provides regional, state, and community training and technical assistance through HRSA's ten regional offices.

Office of Women's Health

The Office of Women's Health works within and outside of HHS to improve the health, wellness, and safety of women.

APPENDIX C

HRSA IPV STRATEGY LEADERSHIP TEAM

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Office of Federal Assistance Management	Molly Wirick
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APPENDIX D

INDEX OF BUREAU AND OFFICE IPV STRATEGY ACTIVITIES

BUREAUS AND OFFICES	ACTIVITY PAGES
Bureau of Health Workforce (BHW)	18-19, 20-22, 33
Bureau of Primary Health Care (BPHC)	20-21, 31, 33, 36
Healthcare Systems Bureau (HSB)	21
HIV/AIDS Bureau (HAB)	20-21, 26, 39
Maternal and Child Health Bureau (MCHB)	21-22, 31, 33-34, 39-40
Federal Office of Rural Health Policy (FORHP)	18, 21, 31
Office of Communications (OC)	21
Office of Civil Rights, Diversity and Inclusion (OCRDI)	18-19, 26
Office of Federal Assistance Management (OFAM)	31
Office of Global Health (OGH)	18, 21-23, 33
Office of Health Equity (OHE)	18-19, 22, 26, 31
Office of Planning, Analysis and Evaluation (OPAE)	19, 28, 40-41
Office of Regional Operations (ORO)	18, 20-22, 26, 28, 31, 33
Office of Women's Health (OWH)	18-23, 26, 28, 31, 33-34, 36, 39, 41