Resources
Transcript

Preventing Gender-Based and Intimate Partner Violence
October 12, 2023, 2:00-3:00 PM EST
Resources

Resources Shared by HHS

- Executive Order 14020
- U.S. National Plan to End Gender-Based Violence

Resources Shared by OWH

Connect with OWH

- HRSA/OWH General Email, HRSAOWH@hrsa.gov
- Stephen Hayes, SHayes@hrsa.gov

Coordinating and Implementing IPV Prevention and Response:

- OWH's IPV and human trafficking webpage
- Implementation Framework for Preventing and Responding to IPV
- Domestic Violence Quality Assessment/Quality Improvement Tool, Futures Without Violence
- Prepare Your Practice, IPV Health Partners
- The Implementation Mapping Tool, ExpandNet

Upstream Primary Prevention

- Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices, CDC
- Key Prevention Resources, PreventIPV
- Resources to Support the Comprehensive Technical Package, NRCDV
- Engaging Men to End Gender-Based Violence, Futures Without Violence
- Bystander Intervention, PreventConnect

Federal Agencies that Provide IPV-Specific Grant Funding

- HRSA Grant Opportunities
- Department of Justice, Office on Violence Against Women Grant Programs
- Office of Family Violence and Prevention Services, Office of the Administration for Children and Families (ACF)
- Indian Health Service (IHS) Domestic Violence Grant Program

Get Help

- National Domestic Violence Hotline: www.TheHotline.org
  - Free | 24/7 | Confidential
  - Call: 800-799-SAFE (7233) or 800-787-3224 (TTY)
  - Text: START to 88788. Message and data rates may apply. Text STOP to opt out.
  - Chat: TheHotline.org
  - Note: Providers can also call this hotline for treatment guidance

- National Human Trafficking Hotline: www.HumanTraffickingHotline.org
  - Free | 24/7 | Confidential
  - Call: 888-373-7888
  - Text: 233733 (BEFREE) or use TTY: 711
  - Chat: HumanTraffickingHotline.org/en/chat

Resources Shared by BHW

- Advanced Nursing Education – Sexual Assault Nurse Examiners (ANE-SANE) program
- HRSA Strategy to Address Intimate Partner Violence
- ANE-SANE General Email, ANE-SANE@hrsa.gov

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Helenka Ostrum: Welcome everyone. Thank you all so much for joining today's webinar, Preventing Gender-Based and Intimate Partner Violence.

Helenka Ostrum: My name is Helenka Ostrum, and I am a public health analyst with the Health Resources and Services Administration, also known as HRSA, within the Office of Women's Health. Please introduce yourself in the chat with your name and organization. We will now listen to a welcome message from Nancy Mautone-Smith, the Director of the HRSA Office of Women's Health.

Nancy Mautone-Smith: Good afternoon and welcome to today's event, Preventing Gender-Based and Intimate Partner Violence.

Nancy Mautone-Smith: My name is Nancy Mautone-Smith and I'm the Director of the HRSA Office of Women's Health.

Nancy Mautone-Smith: This event is held in observance of Domestic Violence Awareness Month and was developed in collaboration with Health and Human Services, Office of the Assistant Secretary for Health and HRSA's Bureau of Health Workforce.

Nancy Mautone-Smith: This webinar is part of the Office of Women's Health Leadership Series, which features public health experts, including HRSA grantees and stakeholders spotlighting emergent issues and innovations in women's health across the lifespan.

Nancy Mautone-Smith: Next slide, please. Thank you. Before we get started with today's speakers, I wanted to briefly share a bit about our agency for those of you who may be unfamiliar with our work.

Nancy Mautone-Smith: The Health Resources and Services Administration or HRSA is a component of the US Department of Health and Human Services.

Nancy Mautone-Smith: And we support a broad range of over 90 programs to provide healthcare to people who are geographically isolated and economically or medically vulnerable.

Nancy Mautone-Smith: Every year, HRSA programs support tens of millions of people, including those with low incomes, people with HIV, pregnant people, children, parents, rural communities, transplant patients, and other communities in need. As well as the health workforce, health systems, and the facilities that care for them.

Nancy Mautone-Smith: During today's event, you will first hear at an overview of the new US National Plan to End Gender-Based Violence.

Nancy Mautone-Smith: This is the first U.S. government-wide plan to prevent and address sexual violence, intimate partner violence, stalking, and other forms of gender-based violence, which we collectively refer to as GBV.

Nancy Mautone-Smith: Then, HRSA Office of Women's Health will share a new framework for HRSA-supported settings of care to address intimate partner violence in the communities that they serve.

Nancy Mautone-Smith: The Bureau of Health Workforce will discuss one of HRSA's nurse training programs. The Advanced Nursing Education - Sexual Assault Nurse Examiner's Program, also called ANE-SANE Program, that helps nurses provide better physical and mental health care to survivors of domestic violence and sexual assault.

Nancy Mautone-Smith: We've also set aside a few minutes for questions at the end. So please use the Q&A box to raise any questions throughout today's presentation.

Nancy Mautone-Smith: The presentation transcript will be made available on our website after the event today.

Nancy Mautone-Smith: Within HRSA, my office, HRSA Office of Women's Health, leads and promotes innovative sex and gender-responsive public health approaches.

Nancy Mautone-Smith: We are part of a network of women's health offices throughout the Department of Health and Human Services, and we work together with our colleagues to improve the health, wellness, and safety of women across the lifespan. HRSA Office of Women's Health addresses intimate partner violence prevention through the office's leadership of agency-wide efforts, including the 2023 to 2025 HRSA Strategy to Address Intimate Partner Violence or IPV.

Nancy Mautone-Smith: The strategy was developed with input from diverse stakeholders and outlines key activities for HRSA to prevent and respond to intimate partner violence.

Nancy Mautone-Smith: The new IPV strategy is one of the many activities that our office engages in to address IPV.

Nancy Mautone-Smith: We also develop resources, share promising practices, and support research to help HRSA-supported settings prevent and respond to intimate partner violence and human trafficking.

Nancy Mautone-Smith: For today's event, OWH has partnered with Health and Human Services, the Office of the Assistant Secretary for Health, and the Bureau of Health Workforce.

Nancy Mautone-Smith: The mission of Health and Human Services is to enhance the health and well-being of all Americans.

Nancy Mautone-Smith: The Bureau of Health Workforce strengthens the health workforce and connects skilled healthcare providers to the communities where they're most needed.

Nancy Mautone-Smith: I'd like to thank you again for joining us today and with that I'd like to turn it back to Helenka who will introduce our next speaker. Over to you, Helenka.

Helenka Ostrum: It's my pleasure to introduce Lynn Rosenthal. Lynn Rosenthal is the HHS Director of Sexual and Gender-Based Violence at the US Department of Health and Human Services where she leads the department's work to implement the national plan to end gender-based violence and related initiatives.

Helenka Ostrum: In 2021, Lynn was appointed by Secretary Austin to chair the Independent Review Commission on Sexual Harassment and Assault in the U.S. Military. From 2009 to 2015, Lynn was the

first-ever White House Advisor on Violence Against Women and a senior advisor to then Vice President Biden.

Helenka Ostrum: She is a social worker by training and an advocate by passion. Lynn, I'll turn it over to you.

Lynn Rosenthal: Thank you, Helenka and thank you so much to HRSA's Office of Women's Health for putting together this fantastic program.

Lynn Rosenthal: And I'm really enjoying seeing everybody introducing themselves in the chat and seeing what a diverse group of stakeholders and providers are here on the line.

Lynn Rosenthal: So, we're looking forward to hearing from you. So, I'm here today to talk about the U.S. National Plan to End Gender-Based Violence and I'll tell you a little bit about why we have it and then I'll move into a little bit about what it directs us to do.

Lynn Rosenthal: This plan was released by the White House in May of this year, and it was actually two years in the making.

Lynn Rosenthal: It was developed through the engagement of more than 2,000 stakeholders across the country through a number of listening sessions, some of you may have participated in those and we thank you for that. Among our peer countries, our peer countries have had these plans for some time.

Lynn Rosenthal: This is new for us only because we had the Violence Against Women Act and the Family Violence Prevention Services Act as two major pieces of legislation that framed our response to gender-based violence.

Lynn Rosenthal: But as we approach the thirtieth anniversary of the Violence Against Women Act, it's a really great time to think about broadening our response and engaging in a whole of government approach.

Lynn Rosenthal: So, the plan was created, or we were directed to create the plan by this President's Executive Order 14020, which created the Gender Policy Council and directed that policy council to develop a plan on gender-based violence.

Lynn Rosenthal: We can take a look at the next slide. So, you all know this better than I do given where and how you're working.

Lynn Rosenthal: And this is what we know about the impacts of gender-based violence and I would say again I appreciated Nancy's introduction. We're talking, when we say gender-based violence in the context of this plan, about domestic violence, intimate partner violence, sexual violence, sexual assault, stalking, and related forms of gender-based violence and including the intersection with trafficking, although many of you know that we also have a very robust strategy on trafficking.

Lynn Rosenthal: But these two intersect and we all work very closely together. I wanted to mention on this chart here, which I know you are familiar with some of the long-term impacts of various forms of gender-based violence.

Lynn Rosenthal: I wanted to particularly note traumatic brain injury which we know more about today. And in large part, thanks to the work of Rachel Ramirez and the Ohio Domestic Violence Network and other researchers and experts in this field.

Lynn Rosenthal: We've learned more about traumatic brain injury from blunt force trauma and also from attempted strangulation.

Lynn Rosenthal: This is an issue that's emerged as something we need to make sure we're thinking about.

Lynn Rosenthal: And on this chart, I would also draw your attention to maternal mortality noting the Tulane study and the strong work that indicates that homicide is a leading cause of maternal mortality and that many of those homicides are linked to intimate partner or domestic violence.

Lynn Rosenthal: So that's another area I wanted to note here. And then I would also mention the intersection with HIV/AIDS and how abuse and trauma are drivers among the top drivers of the HIV/AIDS epidemic among women. So, this tells us that we have a lot of work to do, and we can go to the next slide.

Lynn Rosenthal: The National Action Plan is based on this vision and I'm just so excited about it, which is why I put the little sun on there because it makes me feel like we're talking about a new day and a really positive outlook on what we can do to end gender-based violence.

Lynn Rosenthal: So, the plan tells us that the United States will be a place for all people live free from gender-based violence in all aspects of their lives.

Lynn Rosenthal: And then if you look down here, I just want to note that the vision applies to everyone, just highlighting a few of these demographics: gender, sex, gender identity, sexual orientation, race, ethnicity, and so on.

Lynn Rosenthal: So, everyone is included in this plan. That means we're thinking about everybody with their intersecting identities as we think about gender-based violence, we can take a look at the next slide. The plan is centered in these principles, and I want to spend a little bit of time here because they really tell us what the foundation of this work should be moving forward.

Lynn Rosenthal: This plan is important to HHS in particular because it represents an expansion beyond a criminal legal framework to addressing gender-based violence to a public health approach. And many of you know, because I'm looking in the chat at who you are, many of you know from the field that this has been called for quite some time and indeed many of our federal agencies are working in this way.

Lynn Rosenthal: And certainly, CDC has for quite a long time taken this public health approach. But this really formalizes that across the federal government. So, we're looking at an approach based on public health, public safety, and a life course lens. So, we're talking about abuse, violence, and trauma from childhood through older adulthood, as well.

Lynn Rosenthal: We recognize that gender-based violence is a form of gender discrimination. That it disproportionately affects women and girls, although not exclusively.

Lynn Rosenthal: Another group that's disproportionately affected are sexual and gender minorities, are people of diverse gender identities.

Lynn Rosenthal: And so, we're really learning more about that and as our ideas about gender expand, have expanded also our view of gender-based violence has expanded.

Lynn Rosenthal: But those forms of interpersonal disproportionately affect women and girls. So, we want to note that this remains a form of gender discrimination.

Lynn Rosenthal: The plan focuses on promoting federal leadership and coordination across all sectors.

Lynn Rosenthal: We take an intersectional approach. So, survivors may have multiple identities based on race, ethnicity, class, identity, and multiple forms. And people's experiences of violence are centered within that intersectional identity.

Lynn Rosenthal: So, you can't remove a person from the context of their lives. There can't be any kind of one-size-fits-all approach to preventing and intervening in gender-based violence because it has to be rooted in the intersectionality that many survivors experience.

Lynn Rosenthal: And we now have two decades of research and evaluation. We don't have as much as we need, but we have quite a lot to get us started with thinking in a more focused way about evidence-based approaches to ending gender-based violence. So, we will ground the plan and that goals and objectives under the plan in evidence-based practice.

Lynn Rosenthal: And we're embracing a human rights approach. We're saying that freedom from abuse, violence and abuse, is a human right.

Lynn Rosenthal: And most importantly, we're centering the voices of survivors. So, the plan is situated in the lived experiences, but also the policy recommendations that people with lived experience bring to the table.

Lynn Rosenthal: Stories are very important, but stories, survivors who come forward are more than their stories. They're also about their thinking about recommendations that can inform implementation of the plan.

Lynn Rosenthal: So that is a guiding principle. And now we can go to the next slide.

Lynn Rosenthal: Here you see the seven pillars. The work across the federal government is in the seven pillars and each of these pillars has goals, objectives, and strategies that we're charged with undertaking.

Lynn Rosenthal: This is an interagency plan. There's an interagency effort from the White House, HHS, the Justice Department, the Department of Labor, the Department of Housing and Urban Development.

Lynn Rosenthal: Folks like Commerce are involved, other agencies whose work touches on families, communities, and survivors. So, we're focused on prevention through gender and social norms change.

Lynn Rosenthal: We're talking about trauma-informed care and the safety, healing, and well-being of survivors and integrating trauma-informed care throughout all of our federal efforts, trauma-informed care and trauma-responsive services.

Lynn Rosenthal: We're talking about economic security and housing stability. We know that domestic violence is one of the leading causes of homelessness for women and families.

Lynn Rosenthal: And the plan centers work with HUD and addressing housing options for survivors but also in thinking about economic security, how survivors are affected in the workplace, what kind of discrimination they may face, how their abuse may sabotage them in the workplace, how employers need to be responding.

Lynn Rosenthal: The federal government as one large employer but many others who can respond in a way that helps promote safety and well-being for survivors.

Lynn Rosenthal: The plan also looks at online safety and you all know how important this is. Here we think about non-consensual distribution of intimate images and how devastating that can be for survivors.

Lynn Rosenthal: And this bucket in the plan intersects with the White House Task Force to prevent online safety and harassment. So there's quite a lot of work going on to think about the digital space: how survivors use technology, how technology is used against survivors, and what kind of harm may be created.

Lynn Rosenthal: A number of federal agencies are working here. We still maintain that there needs to be a healthy and robust legal and justice response to gender-based violence.

Lynn Rosenthal: And so, the Department of Justice will be working in this area with multiple offices there from the Office of Victims of Crime, the Office of Violence Against Women, Civil Rights Division, and others.

Lynn Rosenthal: And this includes a look at restorative justice approaches. The Violence Against Women Act and reauthorization last year created some pilot projects focusing on restorative justice and the plan really gives some lift to that and asks that we consider the role of restorative justice in addressing gender-based violence.

Lynn Rosenthal: Emergency preparedness and response. Certainly, we know that in times of natural disaster, climate-related disasters through climate change, and incidents like the pandemic and COVID, and other kinds of disasters that affect the well-being and safety of survivors.

Lynn Rosenthal: We've learned this sort of beginning way back with Hurricane Katrina and moving forward over these past 20 years that forms of gender-based violence increase during this time and also that survivors can become increasingly more isolated during this time.

Lynn Rosenthal: We saw this during COVID. A meta-analysis looking at domestic violence around the country in the time of the pandemic found that there was at least a 10% increase in domestic violence, if not more.

Lynn Rosenthal: So, the plan charges the FEMA and other agencies across the federal government. And as we noted already, research and data is increasingly important and guiding our work, so we're looking at coordinating those efforts across federal agencies. And we can take a look at the next slide.

Lynn Rosenthal: I want to just end by noting that these healthcare strategies are promoted in the plan, and we think they're very important.

Lynn Rosenthal: So, take a look here and see what, where you see some of your work. Applying health-based strategies and behavioral and health supports for people who are using violence is a new area of focus under this plan.

Lynn Rosenthal: Promoting workplace safety for healthcare workers and creating trauma-responsive healthcare facilities is a part of this plan.

Lynn Rosenthal: Promoting and improving the routine screening and brief counseling that's a part of the ACA response to intimate partner violence, but also expanding that to develop screening tools and healthcare interventions for all forms of gender-based violence.

Lynn Rosenthal: And finally, to ensure that our work on gender-based violence in the health equity setting is linked with our work on social determinants of health and violence prevention.

Lynn Rosenthal: You can see the plan charges all of us with this robust response. I'll just end by saying it's not just the federal government that's charged with this.

Lynn Rosenthal: The plan, while it directs federal agencies to engage in activities, it's a document that's available as a blueprint for states and local communities and for nonprofit partners.

Lynn Rosenthal: So you, in whatever setting you're in, you can pick up the plan look at the goals and objectives and see what's relevant to your health care setting.

Lynn Rosenthal: And I'm looking forward to working with all of you as we move forward. Thank you.

Helenka Ostrum: Thank you so much, Lynn. I'd now like to introduce Stephen Hayes. Stephen Hayes is a Public Health Analyst in the Health Resources and Services Administration, Office of Women's Health, or OWH.

Helenka Ostrum: He coordinates OWH activities in support of the development and implementation of the updated agency-wide HRSA Strategy to Address Intimate Partner Violence.

Helenka Ostrum: Stephen also provides subject matter expertise and support of federal violence-related activities, including the newly released U.S. National Plan to End Gender-Based Violence: Strategies for Action. Stephen, I'll turn it over to you.

Stephen Hayes: Thank you so much, Helenka, and thank you, Lynn, for your leadership in this space. The great overview of the all of government approach under the auspices of the GBV national action plan.

Stephen Hayes: It's my pleasure to share with you now, everyone, a little bit of how HRSA is working in this space, but also how we're writing resources to you in the field that hopefully are helpful in your journey in addressing and preventing intimate partner violence and gender-based violence in all its forms going forward. So, for some context in that work and really drawing the line from what Lynn was sharing of how different agencies are doing this work.

Stephen Hayes: I want to start with recognizing that as Helenka just mentioned, we have a 2023-2025 agency-wide Strategy to Address Intimate Partner Violence.

Stephen Hayes: And on this next slide is just a quick overview of what the aims of that strategy is. As part of an all of agency approach, we're aiming to enhance our coordination across our bureaus and offices.

Stephen Hayes: So how we exchange information, how we coordinate our resources, and how we do our work in this space under Aim One. Under Aim Two, we're working to strengthen infrastructure and workforce capacity and that is both within our own agency, so our HRSA workforce and infrastructure, as well as our recipients.

Stephen Hayes: So those of you on the phone today and those of you who work with our partners in the field, how we are better equipped to support IPV prevention and response services.

Stephen Hayes: And the last aim of this strategy and as mentioned we had a 2017-2020 strategy before which many of you were a direct part of, I think, also seeing folks in the line. Recognizing from that work, that experience, and what went on in the intervening period has sustained our efforts to address intimate partner violence of how a renewed and explicit focus on prevention at all tiers, but especially upstream was something that we heard from folks working in the field, as well as from our own recipients. So, moving past that slide here, I'll pivot to what I'm sharing out to you today as sort of an extension of these principles and this work.

Stephen Hayes: And we're excited today to roll out kind of publicly and share the first opportunity that we've had to discuss this new resource that is freely available on our website. Evidence-based resources included within it as an opportunity for all of you to begin to explore more ways to bolster, deepen, expand your activities in this space.

Stephen Hayes: So, the Preventing and Responding to Intimate Partner Violence Implementation Framework for HRSA-Supported Settings of Care is oriented towards HRSA recipients.

Stephen Hayes: But as I mentioned, it's freely available and a lot of these principles are universally applicable, depending on where organizations are and who they serve.

Stephen Hayes: And I'm just dropping the link in the chat, if you want to follow along as well as we get into some of the meat of it.

Stephen Hayes: Our intention with a resource like this is recognizing that as Lynn just went through some of that great data, we know the reality of the need here.

Stephen Hayes: And those of you working in the field know even more than we do what that looks like on a day-to-day basis.

Stephen Hayes: But packaging that information and contributing to organizational changes, bolstering our partnerships, really moving the needle on how our organizations do the work they do, sometimes requires a little bit of this information to be kind of prepackaged and ready to go. So, a key component of what we include in the implementation framework are these data points. The most recent data pulled from the National Intimate Partner and Sexual Violence Survey (NISVS) highlighted here. And as Lynn went into some really great detail about how various communities are disproportionately impacted by IPV, these are other parts that are kind of contained here with data points for you to share with you and your organizational leadership as you try to continue this journey.

Stephen Hayes: On the next slide, we talked a little bit about sort of, you know, those myriad impacts and why those things are key components of how we can do our work. With the intention of first, we know some people are not aware of the impacts that range from physical beyond and that can stem from violence.

Stephen Hayes: But also appreciating the more comprehensive social needs that we can work to address and connect our folks with and so that we can ensure that those needs are being met as a key component of how we disrupt cycles of violence.

Stephen Hayes: And that's another aspect that's shared in sort of the introductory rollout section part of the resource.

Stephen Hayes: On the next slide, we'll touch on one of the key reasons why we orient this towards our health centers and other of our recipients who are working specifically on addressing violence or on other aspects of healthcare delivery because violence is a mitigating factor to accessing care.

Stephen Hayes: So, we break down some of those barriers in a little bit of detail. Again, for you to share with those who might be reluctant in your organization or might not have it on the radar or on potential partnerships to really kind of level-set and continue to move the needle on that piece.

Stephen Hayes: So, with that said, we'll move to kind of the core of what's in the implementation framework.

Stephen Hayes: And on the next slide, we provide just a snapshot of the structure of the framework. So, we don't envision the framework to be a comprehensive you started at building block one, you go all the way through to five. We know that this is something that we are existing in, you know, really resource scarce environments in some cases.

Stephen Hayes: We always have a lot on our plates. And we really intend the resource to be something that is as you as an individual in your organization or as a cohort in your organization, see the need or identify an opportunity to expand your work in addressing IPV. Whether that's starting by having trainings in the first place for your staff or deepening your existing efforts, contributing towards ensuring trauma-informed care is available across your organization. You can identify where to start that work and move from there.

Stephen Hayes: And the five building blocks also, even if you don't pursue some of the resources and activities listed in one.

Stephen Hayes: We hope that that framing kind of encourages that bigger picture thinking. What else can we be doing here or who else can we be pulling in? Since we all have a role to play in the work to address gender-based violence and intimate partner violence in particular.

Stephen Hayes: So, on the next slide, I'll start to walk us through a little bit of some of the resources included in the framework itself.

Stephen Hayes: And recognizing again that I'm not going to go into all the pieces of the building blocks, but I will look at all of, some examples of, what those resources look like in them.

Stephen Hayes: And so, at the very start, even if we don't touch on this directly, we do think all of us part of what we do on a daily basis probably involves some of this key training and kind of information and awareness raising among our partners.

Stephen Hayes: All of the activities listed in the building block extend from the foundational to the advanced range, with understanding that some of you might already have recurring trainings in this space or some of you might already have partnerships.

Stephen Hayes: But kind of, offering opportunities for us to explore how we can deepen those or how we can expand that work.

Stephen Hayes: And on the next slide, it's just a quick example from building block one of foundational activities.

Stephen Hayes: So, this has to do with engaging all of your staff in IPV kind of basic training. We had, you know, identified through our stakeholder engagement to inform the development of this resource of how even when there has been sort of established training about the impacts of violence, recurring training in that area that incorporates new data, new barriers to care to address or new opportunities, and promising practices to address those barriers is welcome in organizations and encourage you to look through this section of the framework to link out to some of those resources that are included.

Stephen Hayes: Again, when you are navigating that framework, what you'll see is these activities are broken down from that foundational all the way through to advanced and link out to other evidence-based and freely accessible resources from the federal and non-federal space for you to look at.

Stephen Hayes: In building block 2 on the next slide, we take a look in a little bit more depth at how we can engage our community partners and really engage in more sort of community inclusive activities.

Stephen Hayes: And we know having just seen all the great names that are coming through and organizations that are joining us today, we can see the diversity of reach and I'm sure that partnerships are a key part of how you do your work.

Stephen Hayes: But on the next slide, we give just another example activity of maybe even working with one of those partners and educating them and some of the opportunities to work together.

Stephen Hayes: An intermediate example here of how engaging diverse forces and partners in program planning can really help us move the needle on being able to provide responsive care and also include folks with lived experience and need in our decision-making processes.

Stephen Hayes: And I think, you know, Lynn did a really excellent job of mentioning one of the examples of how lived experience should contribute to some of our policy changes.

Stephen Hayes: We see activity 2.2 and the resources associated with that as pointing to some opportunities of how we can do that.

Stephen Hayes: When we engage people with diverse backgrounds and experiences, we're really setting ourselves up to work towards lasting IPV prevention and response.

Stephen Hayes: As long as we're incorporating those thoughts and the sort of policy changes and practice changes that are encouraged through that to better tailor the care that we provide to those folks.

Stephen Hayes: Moving to the next slide and an example from building block three. This is about how we kind of deliver our work in the field concretely and really emphasizing the opportunities that we have to deepen our work on trauma-informed and culturally responsive care activities.

Stephen Hayes: So here from the foundational range of working in the assessment to the intermediate of really starting to create that organizational change and culture change to make it so that you are a trauma-informed and responsive organization.

Stephen Hayes: And then also the advanced of really kind of providing that as the core of all of the aspects of services.

Stephen Hayes: On the next slide, thanks, just a breakdown of an intermediate example of how we can create an organizational environment that really supports trauma-informed and responsive practices.

Stephen Hayes: So, one of the examples that we include here has to do with how providing trauma-informed and culturally responsive care really has a lot to do with recognizing individuals' personal context, right?

Stephen Hayes: So, creating the trust necessary for us to provide care generally, but especially around a sensitive and important issue like some forms of violence requires us to work to identify how every aspect of the organization, so not just the clinical aspects, if you are a clinical organization, is more accessible, more responsive, and more trust-based with those that we serve.

Stephen Hayes: And so, the examples in here are how there are policies and procedures that are ready to go, and you can package and begin to tailor and implement your own organizations to make that possible, as well as how there are opportunities for us to regularly review and work on sort of a quality improvement culture towards that inclusive and compassionate care.

Stephen Hayes: Again, linking out to external resources that are freely available. On the next slide, we're going to zoom out slightly and spend a little bit more time on building block four.

Stephen Hayes: So, we've had a lot of interest already in part of the rollout period of this framework in this aspect of the work.

Stephen Hayes: We recognize that everything that we're doing in this sort of framework approach to the five building blocks is contributing to this piece but we're going to go into a little bit more detail of how we're thinking about this and how it reflects the feedback that we got in the field and development phase.

Stephen Hayes: On the next slide, we kind of have this refresher for all of us of the breakdown of the tiers of prevention in the public health context.

Stephen Hayes: And, you know, we frame it here around violence, but we understand these to also contribute to other risk factors for a public health priorities like substance use and other sort of areas of particular interest and priority.

Stephen Hayes: Really, we know that a lot of the work that we're doing in some of our organizations has a focus on secondary prevention, right?

Stephen Hayes: Of how we immediately respond and tertiary as well of how we kind of provide for ongoing services. But we wanted to help folks kind of zoom out and contribute to a culture change of thinking about primary prevention a little bit more inclusively and innovatively.

Stephen Hayes: So, on the next slide, we give a little bit of an example of how we do that. And we break down some activities that are already out there, evidence-based resources that can help you think through how to deploy these sorts of interventions and resources in your communities and in your organizations.

Stephen Hayes: And three examples, just there are many more included in the resource, but here about promoting safe and healthy relationship skills, engaging adult peers and advocates in prevention efforts, and also promoting protective environments as all contributing to some form of primary prevention.

Stephen Hayes: And this is important for us to consider as all of our care interactions with folks or opportunities for us to provide services in one form or another

Stephen Hayes: are opportunities for prevention somewhere on across the three tiers. But in thinking a little bit more inclusively of how we continue to move the needle on primary.

Stephen Hayes: These resources we hope are helpful for you as you kind of market and share that with the people in your organization and that your partners and identify opportunities to pursue it.

Stephen Hayes: So, in the next slide, I think we'll have a concrete example of one of those activities. So, this is the overview of what goes into four assessments, securing resources.

Stephen Hayes: But we'll give you, yeah, thanks. And implementing them in the end. So, on the next one, we'll just kind of take a look at some of the examples of what we're talking through and in terms of how you can do this concretely in your organization.

Stephen Hayes: We provide some resources here and link to some assessments for organization for reviewing organizational documents, having ongoing assessments that recognize changes in your own organization as well as in the community that you serve, having ways to plan for mitigating circumstances.

Stephen Hayes: Folks mentioned public health emergencies or other sorts of crises along those lines and really breaking down how these are all opportunities for us to connect folks with the services they need.

Stephen Hayes: And also recognizing that sometimes those services are not offered by organization. And that's where we're going to pivot to a little bit in the final building block on the next slide.

Stephen Hayes: And actually, on the next slide, sorry, we're still in building block four just examples of some of the concrete tools you can deploy right away when you access the framework.

Stephen Hayes: We have a DV quality assessment and quality improvement tool from our partners at Futures Without Violence included in there to help you in your organization.

Stephen Hayes: As well as things like an implementation mapping tool from ExpandNet that provides an outline and methodology and gives you a template for you to take a look at how you can scale up and develop interventions.

Stephen Hayes: So just, you know, really practical, tangible things you can apply right in your organizations from the get-go.

Stephen Hayes: I think on the next slide, we'll give an overview of some of those primary prevention resources that are in there as well.

Stephen Hayes: Flagging, you know, the similar work from our partners in the CDC, preventing intimate partner violence across the lifespan, the technical package of programs, policies, and practices.

Stephen Hayes: Similarly, there already, there are structured interventions for you to tailor to your settings and begin to deploy an employee and assess your progress as you continue through.

Stephen Hayes: On the next slide, I'll drop these in the chat after, just some opportunities that exist in sort of a recurring basis around IPV specific grant funding.

Stephen Hayes: They're not always there, but these are offices certainly keep an eye on and we'll share some more of this towards the end of the presentation too, I think.

Stephen Hayes: But on the final slide, looking at the final section here, looking at our last building block and I want to emphasize with this one, there's a lot of complexity as we know, always around collecting data, whether we're in a clinical environment or, you know, a different kind of service provision.

Stephen Hayes: We wanted to ensure that what we provided here was sort of clear information for everybody to make sure that they're kind of following best practices regardless of where they are on this continuum.

Stephen Hayes: And on the next slide, we kind of give some of the examples of what those resources look like. I want to emphasize that the recurring theme across all of the resources we provide is how important it is to always prioritize an individual's safety, confidentiality, and autonomy when we're documenting any sensitive data.

Stephen Hayes: But especially things like IPV disclosure. We provide some best practices in some of those resources as well as ways for you to ensure that that's something that everyone in the care team, whether they're in the clinical staff or in the front office, all kind of have on their radar as part of that process.

Stephen Hayes: And this is we think an especially critical point as we continue to see more folks seeking services in this area.

Stephen Hayes: On the next and final slide, we'll pull out something that is not included in the framework explicitly, although I think we do link to it, but just in recognition of where we are in the middle of Domestic Violence Awareness Month and the opportunities we have to contribute to connecting folks to services.

Stephen Hayes: If you are someone that you know is in need of help, there are two great resources readily available, 24/7, the national domestic violence hotline, which also includes, and we want to emphasize that the providers can also call the hotline for treatment guidance.

Stephen Hayes: And then also the National Human Trafficking Hotline, those two resources always available, 24/7 for folks. And just want to recognize and thank everyone for the opportunity to share this resource with you.

Stephen Hayes: We hope that the resources in it are helpful, and we really encourage feedback on it and if you have any questions, I'm going to also drop my email in the chat, please feel free to reach out. I'm excited now to hand it back to Helenka and hear from our colleagues in the Bureau of Health Workforce. Thank you.

Helenka Ostrum: Thank you, Stephen. I'd like now to introduce two of our colleagues that are in the Bureau of Health Workforce.

Helenka Ostrum: Michael Clark is a registered nurse with over eight years of clinical experience and one year of quality and performance improvement experience.

Helenka Ostrum: Michael is the lead project officer for the Advanced Nursing Education - Sexual Assault Nurse Examiner Program also called ANE-SANE. And also, the co-project officer for the Advanced Nursing Education Workforce Program.

Helenka Ostrum: And his colleague, Aroona Toor, Is a dedicated public health professional with a strong passion for the intersection of public health and social justice. She is a co-project officer of the Advanced Nursing Education - Sexual Assault Nurse Examiner Program, ANE-SANE, and the Nurse Faculty Loan Program. She also provides ad-hoc support for the Maternity Care Nursing Workforce Expansion Program.

Helenka Ostrum: I'll turn it over to Michael and Aroona.

Aroona Toor: Good afternoon, everyone. Thank you for the kind introduction, Helenka. My name is Aroona Toor as mentioned and I am one of the project officers for the Advanced Nursing Education - Sexual Assault Nurse Examiner, ANE-SANE, Program.

Aroona Toor: I will be co-presenting today with my fellow project officer for the program, Michael Clark, as mentioned before, next slide please.

Aroona Toor: So today our presentation will provide a high-level overview which includes the purpose, goals, and need for the program and SANE nurses. As well as we will share our conceptual model and how our work fits into the HRSA intimate partner violence prevention strategy that you all heard about earlier in the webinar.

Aroona Toor: Next we will go into some of the major outcomes and impact of the ANE-SANE program since its inception.

Aroona Toor: And lastly, we'll have an opportunity for Q&A for the webinar as a whole. Next slide, please.

Aroona Toor: Next slide, please. So, before we share more about the SANE program's purpose, and goals and need, we wanted to level set and define what a SANE is.

Aroona Toor: SANEs, or sexual assault nurse examiners, are registered nurses who have completed additional education and training to provide comprehensive medical and emotional care, as well as legal support to survivors of sexual assault.

Aroona Toor: SANEs are specifically trained to not only properly collect DNA samples, but to also take notes of testimony that can later be invaluable and used during a criminal case.

Aroona Toor: So, the purpose and goal of the ANE-SANE program is to fund Advanced Nursing Education to train and certify registered nurses, advanced practice registered nurses, and forensic nurses to practice as sexual assault nurse examiners.

Aroona Toor: The program aims to increase the supply and distribution of qualified, working SANEs and expand access to sexual assault forensic examinations.

Aroona Toor: By expanding access to SANEs, the ANE-SANE program aims to provide better physical and mental health care for survivors of sexual assault and domestic violence, leading to better evidence collection and potentially higher prosecution rates.

Aroona Toor: The goals of the ANE-SANE program include increasing the supply and distribution of SANEs by increasing the number of registered nurses as mentioned, advanced practice registered nurses, as well as forensic nurses, and trained to practice as SANEs.

Aroona Toor: Additionally, another goal is to expand access to sexual assault forensics examinations by increasing availability of training and supporting certification of qualified SANEs who are skilled and knowledgeable in providing quality care to survivors of sexual assault and domestic violence, especially in rural and underserved settings.

Aroona Toor: Additionally, another goal of the SANE program is to enhance stakeholder support for training and increased retention of SANEs to ensure the provision of better physical and mental health care of survivors of sexual assault and domestic violence and improved evidence collection.

Aroona Toor: And lastly, another goal of SANE is to cultivate an environment conducive to SANE training and practice to partnership and technical assistance consultation. Next slide, please.

Aroona Toor: A 2016 government accountability office, GAO, report that interviewed officials from several key states found that the current shortage of SANEs can be attributed to limited availability of training, weak stakeholder support for examiners, and low examiner retention rates.

Aroona Toor: They found that the limited availability of classroom, clinical, or continuing education training is a barrier to maintaining a supply of trained examiners.

Aroona Toor: Some officials interviewed stated that training may only be offered once per year in some states. Limited stakeholder support for examiners and examiner programs such as from hospitals and law enforcement is also a challenge to maintaining a supply of trained examiners.

Aroona Toor: Some officials stated that hospitals may be reluctant to support examiners and examiner programs due to a low number of sexual assault cases treated each year.

Aroona Toor: Low examiner retention rates were also cited as an impediment to maintaining a supply of trained examiners.

Aroona Toor: Studies indicated that dissatisfaction with compensation, long work hours and lack of support, among other things, may contribute to examiner burnout.

Aroona Toor: Examiner's typically work on-call in addition to their full-time jobs. Next slide, please.

Aroona Toor: I will now pass a mic to my colleague, Michael, who will share more about the ANE-SANE conceptual model, and the HRSA IPV Strategy, and some other information. Michael?

Michael Clark: Thank you very much. Next slide, please.

Michael Clark: So, this is our conceptual model. I know there's a lot going on here, so I'm going to kind of walk you through it.

Michael Clark: So, you just heard about some of the needs when it comes to SANE nurses and what we want to accomplish with that.

Michael Clark: So, I'm actually going to start backwards with this. So, if you look in the lower right-hand corner, you can see these are some of the things that we want to achieve with the ANE-SANE grant.

Michael Clark: We want retention of SANEs in practice. We of course want to increase the number of SANEs. And of course, increase the reach in communities where those SANEs are. So how do we do that?

Michael Clark: Well, the SANE nurses need to be certified. There is no national standard for certification at this point.

Michael Clark: So, the certification is going to vary a little bit by state government and even sometimes down to the local level.

Michael Clark: So how do we get our SANE nurses certified? Working our way back. Of course, it's through didactic training, clinical practice experience, and clinical training. That clinical training includes not only time in the skills lab, but also working with other trained SANE nurses through preceptorships similar to any other nursing training.

Michael Clark: We are able to accomplish this by encouraging our grantees to work in collaborative partnerships.

Michael Clark: So, as you can see with the big circles here, we're going to go back to the beginning now, which is that green bubble in the upper left-hand corner.

Michael Clark: That's your starting point, right? We give this a SANE award out that's going to go to a lead applicant, in this case, one of our SANE practice partners. But then they have the ability and are encouraged to through this grant to create collaborative partnerships.

Michael Clark: You know, an example of that might be a nursing school that is training SANEs and is working directly with a local emergency department.

Michael Clark: There's lots of different ways that our grantees are accomplishing this, but that's sort of the most straightforward example. So next slide, please.

Michael Clark: So how does all this tie into HRSA's Intimate Partner Violence Strategy? So, you've already heard a little bit about this.

Michael Clark: I'm just going to briefly go through the three aims here. We want to enhance coordination between and among HRSA projects to better focus intimate partner violence efforts, strengthen the infrastructure and workforce capacity to support intimate partner violence prevention and response services, and promote prevention of IPV through evidence-based programs. Next slide, please.

Michael Clark: So, one of our ways that we accomplish this through our particular grant is through academic practice partnerships. Our SANE grantees are going to develop academic practice

partnerships, including collaboration with HRSA-supported health centers and critical shortage facilities. What these partnerships do is that they promote collaboration, which can increase the recruitment of diverse participants and trainees and provide opportunities to integrate trauma-informed evidence-based sexual assault and domestic violence services. And, next slide, please.

Michael Clark: So, what else do we want to do? Obviously, and importantly, we want to promote the prevention of intimate partner violence.

Michael Clark: The ANE-SANE grant seeks to cultivate an environment conducive to SANE training and practice through partnerships, as well as technical assistance consultation. Grantees work with local and national partners to reduce barriers to SANE training and practice. And to incorporate these services into the standard healthcare workflow. The goal of SANE training is to enable examiners to effectively evaluate and address survivors' health concerns, minimize trauma, promote healing, and after their exam. Oh, I'm sorry.

Michael Clark: Promote healing during and after their exam and detect, collect, preserve, and document physical evidence related to the assault for potential use by the legal system.

Michael Clark: Next slide, please. So how well have we been accomplishing this? So, we can go ahead and take a look at our next slide.

Michael Clark: These are outcomes as of 2021-2022, which is the most recent time period that we have data for.

Michael Clark: So, what have we done? We have increased SANE training sites. From 2021, we were at 169.

Michael Clark: We're now up to 214 in 2022. And this is training sites that receive grant or receive support through the ANE-SANE grant.

Michael Clark: This is not necessarily all sites in the United States. Of those sites, 18% are in community-based settings.

Michael Clark: That's important because you need to be in the community you serve. The farther way you are, the less likely people are going to be to seek out these services.

Michael Clark: Distribution, 29% of SANE graduates are employed in medically underserved communities.

Michael Clark: Supply, we have 2,930 trainees. 580 graduates.

Michael Clark: And 50% of those graduates are from disadvantaged backgrounds and/or underrepresented minorities.

Michael Clark: And of those 2,930 trainees, 40% of them receive training in medically underserved communities.

Michael Clark: And with that, go ahead and go to the next slide. That's just a brief overview of who we are with ANE-SANE Grant.

Michael Clark: This is our general email to contact us. I'm also going to leave a link in the chat for anyone who is interested.

Michael Clark: We are currently mid-cycle for the grant. We are not accepting applications for this grant at this moment. However, it has been forecasted to be offered again, starting in 2024. So, the grant would start, the project period would start in 2024. So please use that link that I left in the chat to keep an eye on it for any updates for what's going to happen next. And thank you very much.

Helenka Ostrum: Thank you all so much for your presentation and for sharing more about the ANE-SANE program. I'd encourage you all who are on the webinar to use the Q&A function.

Helenka Ostrum: And if you have any questions, type those into that Q&A box that's separate from the chat so we can keep track of them more easily. And then you can more easily access the resources that we're posting in the chat.

Helenka Ostrum: I do want to answer one question that came up. One person asked, will the presentation slides be available after our meeting today?

Helenka Ostrum: We won't be sharing the slides, but there will be a link to the recording that will be emailed to everyone that registered and that will also be posted on the Office of Women's Health webinar webpage. And if you look at that answer to that question in the Q&A box, you can find the link to our webinar webpage there.

Helenka Ostrum: If you need a certificate emailed to you as part of your attendance in this, please email HRSAOWH@hrsa.gov.

Helenka Ostrum: And I have one question for our presenters to get us kicked off with this Q&A portion.

Helenka Ostrum: So, my question to you all is: What services are available for victims of domestic violence and how can healthcare providers connect with those services?

Lynn Rosenthal: Thank you, great question and an important one. For Stephen did a great job of presenting resources for immediate help.

Lynn Rosenthal: So, providers and survivors, family members can all call the National Domestic Violence Hotline, talk to somebody, send a text or chat, and get live help. And in every state, there is a state domestic violence coalition, and that coalition is the link to local programs throughout the state.

Lynn Rosenthal: Most communities are served by some kind of domestic violence provider. Many of those are funded through HHS' FVPSA program.

Lynn Rosenthal: So, in addition to the National Domestic Violence Hotline, the next great place to go is to the domestic violence state coalition in your area. And generally, most of them have a map on their website or a list of service providers by areas that they serve. And then they can be a connection to that local program.

Lynn Rosenthal: Most local domestic violence programs provide technical assistance, training, prevention services. So, you can get connected and kind of put your heads together about making good referrals and building linkages in your community.

Helenka Ostrum: Thank you, Lynn, for answering that.

Helenka Ostrum: And look for the resource links, look in the chat option, you may have to scroll up to see some of those links that were posted earlier.

Helenka Ostrum: And we have a question that came to us that would be for Michael and Aroona. They said thank you for this presentation. What country outside of the U.S. is SANE currently participating in?

Michael Clark: Hopefully I understand the question correctly. If you're asking if we have any grantees outside of the United States, we do not. This grant is only available to applicants within the United States.

Helenka Ostrum: Thank you. Now, what other investments are there for preventing sexual assault? This is open to any of our presenters.

Stephen Hayes: I could start quickly on, it's sort of in the developmental phase, but we're excited to share also that the HRSA Office of Women's Health, in partnership with the HRSA Bureau of Primary Health Care, who administer the health center program, we've awarded a contract. The project title is expanding health center awareness of sexual assault related health care needs. And the focal point of that work is to really you know, convene providers and folks with lived experience to identify core components to include in the TA resource.

Stephen Hayes: Timeline wise, that TA resource should be available about this time next year, so stay tuned.

Stephen Hayes: But the other exciting component of that, especially if you either are a health center or partner with health centers, is that there will be opportunities for on-demand TA around implementation of some of the principles outlined in that resource.

Stephen Hayes: So, it's really focused on kind of complementing a lot of the work that our partners in BHW just shared today of training folks to be able to provide examinations in kind of the acute phase, but really also connecting with ongoing care that health centers are kind of uniquely positioned to provide. So, we're excited to share more about that to come.

Stephen Hayes: I'm sure we'll have a webinar like this when it's time to share out the TA resource, as well as some other activities. That's one example of some of the work that's going on there. But point to Lynn's comment from earlier also of how, you know, coalitions at the state level already kind of contribute to a lot of that work.

Stephen Hayes: There are opportunities there as a lot of dual DV and SA coalitions that might be opportunities for you to connect with if you're interested in doing something in the intervening period. But we're excited to move pretty quickly for that project and start sharing that out this time next year, hopefully.

Helenka Ostrum: Thank you, Stephen. I see that some people are having issues getting the links from the chat, so that those links that we're sharing, we can include those when you get the copy of the recording link. We can send some of those resources in that email to you as well, so you can get them then.

Helenka Ostrum: And where can attendees find future funding opportunities?

Lynn Rosenthal: Well, that's always a really big question. I don't know how you would all, how you would answer that from HRSA. I know that many of you are also funded by the Family Violence

Prevention Services Act, and you work with your state FVPSA grant administrators to fund domestic violence service programs, but I'll turn it back to Stephen on HRSA opportunities.

Stephen Hayes: So the main place obviously always from the federal context is keep an eye on grants.gov. But there are some offices that have kind of an ongoing focus on violence and so I'll share those links here in the chat. I can't speak to them having emerging ones at the moment but certainly places to keep your eye on.

Stephen Hayes: So, the first, definitely being our partners in the Office of Violence Against Women, Department of Justice (OVW). That's one of the examples on their page. Lynn just mentioned FVPSA, so ACF another example going into the chat as well as another, sort of agency and office to keep an eye on.

Stephen Hayes: And for those of you who work in tribal settings, the Indian Health Service (IHS) has had a domestic violence grant program with funding going out through that as well, so I'll link to that in the chat here.

Stephen Hayes: But I think another thing that we'd like to encourage folks to consider is and hopefully the framework and some other resources outlined today can help you see how to do that. Also is even if funding does not have an explicit focus on violence, it's important for us to account for violence's effects on the populations we're working with.

Stephen Hayes: And hopefully some of those resources that are included in the implementation framework, and you know, this all of government approach that we're trying to encourage through the national action plan can also help you identify ways to use existing grant funding, whether it's explicitly focused on violence or not to work on that issue of the populations that might be affected where you work.

Helenka Ostrum: We have a question in the Q & A box. What are recommended activities/strategies/actions for primary prevention?

Lynn Rosenthal: I think HRSA will respond for the primary prevention activities and the strategy. I would just note I dropped in the chat, if you can access it, the link to CDC's technical package which includes evidence-based primary prevention strategies.

Stephen Hayes: Thanks, Lynn. Yeah, we definitely point to the CDC technical package with that specific focus. If you go to the framework, and I'll drop the link in the chat also if it's helpful.

Stephen Hayes: Under building block four, that's really where we have a lot of focus on some of the core pieces there of what prevention can look like and I used it as a sample if you look back at the recording after the end. Also, of some of the resources that are listed in that and sort of like a resource section at the end of the framework also include some of the information we shared about: healthy partnership skills, healthy relationship and partner skills, as well as also just really the work that we do to connect folks with primary care and other services they need to diminish social need are all pieces of that as well.

Stephen Hayes: And I'm seeing in the chat that some folks are still not seeing those links. So as Helenka mentioned, this will come out with the email and if you access the framework if you just Google, "HRSA IPV Prevention Framework" that should get you where you're trying to go in terms of finding that resource there as well.

Helenka Ostrum: Thanks Stephen. And we have 1 min left so I think that's all the time we have for today for questions.

Helenka Ostrum: Thank you to our presenters for answering everything. If you do have some additional questions, the presenters email addresses have been shared. You can also email HRSAOWH@hrsa.gov.

Helenka Ostrum: And here are some more ways that you can connect with HRSA. You can go to hrsa.gov.

Helenka Ostrum: And if you'd like to sign up for our various newsletters, scroll down to the bottom of that web page and there's a subscribe button.

Helenka Ostrum: You can subscribe to the HRSA eNews that has information from all of our offices and bureaus across the agency. And the Office of Women's Health has a new newsletter that you can also sign up for and subscribe to using that link. You can follow us on social media as well, and we look forward to seeing you at a future event.

Helenka Ostrum: Thank you all so much for your time today.

END OF TRANSCRIPT