



The HRSA Strategy to Address Intimate Partner Violence

HHS Secretary's Advisory Committee on Infant and Maternal Mortality

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Vision: Healthy Communities, Healthy People



Overview

- HRSA OWH's Role
- IPV's impacts on health
- Establishing an agency-wide approach to IPV
 - Integration
 - Monitoring and Evaluation
 - Sustainability
- Implications for HRSA and beyond





About the Office of Women's Health

Mission

• To advance health and wellness for women across the lifespan by leading and promoting innovative sex and gender-responsive public health approaches

Vision

Healthy Women Healthy Communities

Core Functions

- Provide subject matter and technical expertise
- Lead cross-agency collaborations
- Consult with organizations and key stakeholders





Describing the Need

About 1 in 4 women and 1 in 10 men

experienced contact sexual violence, physical violence, and/or stalking by an intimate partner and reported an IPV-related impact during their lifetime.



VISION

A world free from intimate partner violence (IPV), where engaged communities and health care systems ensure access to high quality health services and coordinated care for all.

PRIORITY 1

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



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



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

PRIORITY 4

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





Women who talked to their health care provider about abuse were...

4 times more likely to use an intervention 2.6 times more likely to exit the abusive relationship



Source: Futures Without Violence



2017-2020 Strategy Takeaways

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 & HHS

Key Implications

- Successful agency-wide approach
- HRSA as a leader on IPV

Opportunities

- Intersecting forms of interpersonal violence and prevention
- Intersecting critical public health priorities

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



THE HRSA STRATEGY TO ADDRESS INTIMATE PARTNER VIOLENCE 2017-2020 SUMMARY REPORT

August 2021 U.S. Department of Health and Human Services Health Resources and Services Administration







2017-2020 Strategy Key Implications & Opportunities

Key Implications

- HRSA recognizes IPV's far-reaching impacts on health and our position to prevent and respond to it
- Whole-of-agency approach strengthens existing collaborations and develops new ones
- An agency-wide approach is possible, practical, and effective
- Successful implementation before and during a global pandemic

Opportunities

- Identifying opportunities to prevent additional violence where possible
- Considering intersecting critical public health priorities
 - Behavioral health, Substance use
 - Maternal Morbidity and Mortality





Strategy Lessons and MMIWG

Thinking about Prevention

- Social need creates the circumstances for violence and other traumas
- Trauma and violence are cyclical

Multisectorial Engagement

- Siloed services and organizations cannot meet the needs of those they serve
- Public health has a role to play at all levels

Patient-centered care

- Patients and their networks know their needs
- Lived experience is data





The Next HRSA Strategy to Address Intimate Partner Violence

The Next Strategy to Address Intimate Partner Violence

- Considering intersections with other critical public health issues
- Further attention to IPV's disproportionate impact on
- Expected Early 2023

Development Process

- Updated Action-oriented Literature Review
- External Stakeholder input
- HRSA Discussions





Virtual Toolkit

ipvhealthpartners.org

How is your relationship? Do I feel...

- Safe, respected and cared for by my partner?
- Supported to spend time with friends and family?
-] Like I can talk about problems or share ideas without being afraid?
- Respected in my choices about birth control/ condoms and when/if I want children?

If you answered YES to these questions, it is likely you are in a healthy relationship, which can lead to better physical and mental health for you and your children.

On bad days? Does my partner...

Shame me or put me down?

- Hurt me, make me feel afraid, or make me feel like my spirit is broken?
- Try to control me or keep me from seeing people?
-] Make me do sexual things I don't want to do or try to get me pregnant when I don't want to be?

If you answered YES to any of these questions, it is not your fault and you don't deserve this. Your health care provider can support you, connect you to helpful programs, and can give you confidential help with birth control that you can control. **Building Domestic Violence Health Care Responses** in Indian Country: **A Promising Practices Report** mily Violence Produced by The Family Violence Prevention Fund In collaboration with lending the Sacred Hoop chnical Assistance Project Sacred Circle Funded by ninistration for Childr Families, U.S. Departmen alth and Human Service nd Indian Health Service S. Department of Health icles of the U.S. Department



Health Partners on IPV + Exploitation

www.healthpartnersipve.org

- Bureau of Primary Health Care (BPHC) funded cooperative agreement led by Futures Without Violence (FUTURES)
- As a HRSA National Training and Technical Assistance Partner (NTTAP), FUTURES:
 - Work with community health centers to increase identification and referral to treatment, for individuals experiencing or surviving intimate partner violence and human trafficking.
 - Offer health center staff T/TA in the form of learning collaboratives, national webinars/trainings, newsletters, toolkits, and fact sheets.





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