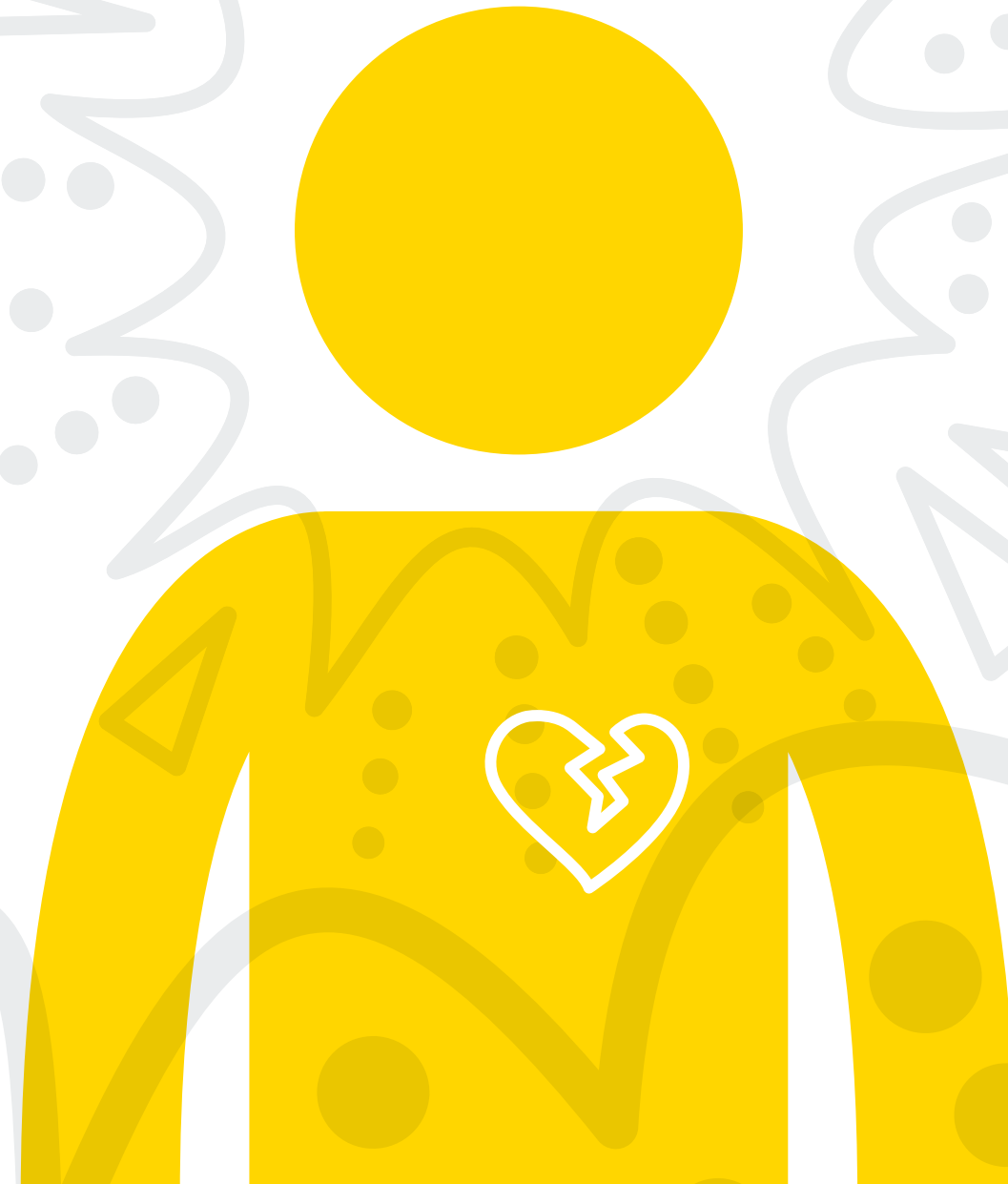


CEC LESSON This lesson is designed specifically for Client Experience Contributors (CECs).

SUPPORTING CLIENTS EXPERIENCING INTIMATE PARTNER VIOLENCE



What Is Intimate Partner Violence?

Intimate Partner Violence (IPV) Defined

INTIMATE PARTNER VIOLENCE (IPV)

Intimate partner violence, or IPV, describes physical, sexual, stalking, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy. It is a pattern of power and control. While the CDC does not include financial abuse as a part of IPV, for the purposes of this workshop we do consider financial abuse as IPV.

Center for Disease Control and Prevention, 2019

INTIMATE PARTNER

An intimate partner is a spouse, cohabiting partner, boyfriend or lover, or ex-spouse, ex-partner, ex-boyfriend or ex-lover.

World Health Organization, 2013

Types of IPV



PHYSICAL ABUSE

A pattern of controlling behavior used to maintain power over an individual by intentionally causing physical injury or harm.

Examples: slapping, biting, throwing things, stabbing, punching, etc.



SEXUAL ABUSE

A pattern of non-consensual sexual behavior or actions inflicted upon an individual to coerce them into sex by utilizing tactics of fear.

Examples: forced penetration including forced object penetration, non consensual bondage, rape, threats of rape, threats to harm if sexual acts are not performed or tolerated, etc.

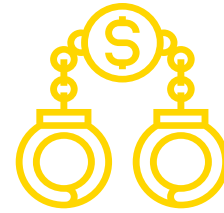
Types of IPV



PSYCHOLOGICAL ABUSE

A pattern of behavior that causes an individual to question their mental state; subjecting an individual to repeated forms of trauma or emotional distress through psychological manipulation.

Examples: gas lighting, verbally berating, threatening suicide or other forms of harm if the person does not act the way one wants or expresses a desire to leave the relationship, threatening to out a person, etc.



FINANCIAL ABUSE

A pattern of behavior used by an abuser to fraudulently obtain power and control of, or limit, an individual's access to financial resources; the unauthorized use of a person's financial resources.

Examples: confiscating a paycheck, hiding or limiting access to money, etc.

Intersectionality of Identities

INTERSECTIONALITY

The compounding of multiple forms of inequality or disadvantage related to one's identity (race, gender, sexual orientation, age, etc.) that often creates barriers that cannot be otherwise understood when looking at parts of one's identity singularly.

Fields, Morgan, and Arrington-Sanders, 2016

- Black men and Black MSM live at the intersectionality of several highly stigmatized identities in the US.
 - » Race—Black
 - » Gender Identity—Male
 - » Sexual Orientation—Gay, Bisexual

Abuse and A Belief (Large Group Discussion)

- What was it like to do this activity?
- Were there any surprises? If so, what?
- How was doing this activity the second time, looking through the lenses of race, gender identity, and sexual orientation different from completing it the first time?
- What implications do you believe completing this exercise through the intersectional lens of race, gender, sexual orientation, and STI status have for your work?

Risk Factors

- While anyone could experience IPV, there are some factors that those who have experienced IPV have in common. Being aware of these factors and if your client has shared them can help you further assess if they may be experiencing IPV.

INDIVIDUAL FACTORS

RELATIONSHIP FACTORS

COMMUNITY FACTORS

SOCIETAL FACTORS

Signs and Symptoms

RISK FACTORS

INDICATORS

Signs and Symptoms Suggestive of IPV

- Injuries that point to a defensive position over the face (bruises and marks on the inside of the arms, back)
- Injuries to the chest and stomach, reproductive organs, and anus
- The illness or injuries do not match the cause given
- Delay in requesting medical care
- Injuries and bruises of various colors, indicating injuries occurring regularly over a period of time
- Repeat injuries, someone who is ‘accident prone’
- Symptoms of depression, anxiety disorder, PTSD, or sleeping disturbances
- Problems with the central nervous system – headaches, cognitive problems, hearing loss

Signs and Symptoms Suggestive of IPV

- Repeated diagnosis of sexually transmitted diseases
- Psychological or behavioral problems such as anxiety or panic attacks, phobias specific to social engagements, etc.
- Suicidality or self harming behaviors
- Repeat and chronic medical complaints with no clear diagnosis
- Behavioral signs: multiple visits, lack of commitment to appointments, not displaying emotion or crying easily, inability to undertake daily interactions, negligence, defensive positions, stilted speech, avoiding eye contact and animosity in body language

Indicators of an Abusive Partner

- Extreme and irrational jealousy or possessiveness
- Attempts to control time spent with the CEC
- Speaking on behalf of the client
- Insisting on staying close to the client, who hesitates to speak before the partner or defers to the partner to speak (especially if there is not an expressed or perceived language barrier)
- Challenging the true need or legitimacy of referrals, additional care, or follow up appointments
- A partner who calls, texts during the known appointment times or suggests being on speaker during the course of the appointment

Usta & Taleb, 2014

IPV Case Study

BRENDAN



- What specifically has Brendan shared or you noticed that would suggest assessing for IPV is needed?
- What risk factors has Brendan shared that would prompt an IPV assessment?
- How would you assess for IPV?
- What questions might you ask to encourage Brendan to share more about his relationship with his partner Justin?
- What questions or statements might you avoid in assessing Brendan's safety and the presence of IPV in his relationship with Justin?

Reporting IPV

- Observing and asking questions to assess IPV is important as IPV is rarely reported. While there are a host of reasons Black men and BMSM may not report IPV, the most common reasons include:
 - » Cultural norms and ideas about masculinity and hyper masculinity
 - » Homophobia
 - » Stigma
 - » Fear of not being believed by police or medical personnel
 - » Speaking to a male identifying police officer responding to an IPV call may be retraumatizing

Masculinity and Hyper Masculinity

MASCULINITY

US culture has prescribed a masculinity that can be characterized as anti-feminine, homophobic, heterosexist, and misogynistic.

HYPER MASCULINITY

The exaggeration of traditional masculine roles through behaviors such as sexual prowess, physical dominance, aggression, competition, and anti-femininity.

Fields, Morgan, and Arrington-Sanders, 2016

Hyper Masculinity

- Hyper masculinity can be a way to cope with stigmatization of the social identities of BMSM.
- The expression of hyper-masculinity among Black men has also been associated with community and peer acceptance as well as fortification of self-image and self-esteem through the reinforcement or rewarding of adherence to the prescribed male gender role.
- In contrast to the expression of hyper-masculinity, disclosure of homosexuality has been associated with depressive distress, alienation and social isolation within Black communities.

Fields, Morgan, and Arrington-Sanders, 2016

Hyper Masculinity

- Navigating homo-negative masculine expectations inherent to hyper masculinity often leads to individual risk factors found among black MSM who experience IPV such as
 - » Social isolation and withdrawal
 - » Low self esteem and shame
 - » Age discordant (particularly YBMSM) or serodiscordant relationships that may lead to dependence or codependence with an abusive partner

Assessing for IPV

- Questions to assess for IPV need to be asked in private and in a confidential manner, when children or partner are not present
- Questions about both current and past relationships
- Utilize normalizing introductory statements such as “In an effort to screen for anything that may negatively impact a person’s wellbeing we started asking all of our clients about the presence of violence and abuse in their relationships”
- Utilizing a funneling technique
- Move from the broad less-threatening questions to asking about specific behaviors
(Example: “Couples may disagree; how do you resolve conflicts with your partner?” to “Are you being hit?” “Are you being forced to have sex with or for your partner?” “Are you being verbally or physically threatened by your partner?”)
- Making appropriate referrals based upon what is shared and observed

Responding to Possible or Disclosed IPV

If you believe your client is experiencing or they disclose experiencing IPV:

- **Assess for their immediate safety**

Is it likely they will be harmed for coming to the appointment or if they return home from the appointment late? Are they a harm to themselves? Have they been threatened at the appointment by their partner? *If a client is a harm to themselves or another, or their lives are threatened please contact crisis services or 911.*

- **Assess for the safety of any minors in their care**

You are a mandated reporter.

- **Ask what they need to be and feel safe today**

Do they need to have proof of the visit? Do they need to bring home paperwork saying they applied for food assistance? Do they need proof that their STI exams were clear? Do they need a hardcopy referral for a shelter or employment assistance?

Responding to Possible or Disclosed IPV

- **Ask them to share more about the people in their life who could support, especially them if they needed to leave their partner**

Do they have friends and family locally whom they could move in with temporarily if necessary? Do they have people who could socialize with them and keep them out of the home thus reducing potential exposure to IPV?

- **Remind them that they deserve to be in relationships that are free of violence.**

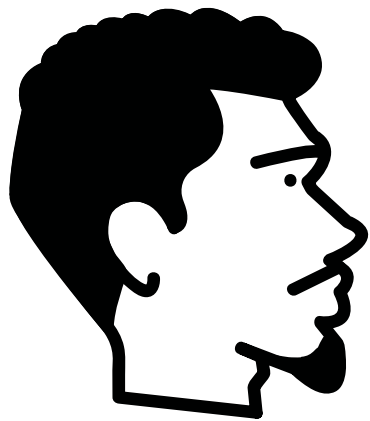
Do not reprimand or shame; do not tell them to just leave or that if it were you, you would _____; remind clients that healthy relationships exist, are possible; and that all people deserve to be with partners who do not harm them.

Responding to Possible or Disclosed IPV

- **Provide appropriate referrals based on what you assess and they express needing or wanting**
Refer them to a social service agency if necessary, to an agency or clinic that provides STI testing, job readiness courses, etc.
- **Schedule a follow up appointment for 4-6 weeks out**
Depending on your agency policy an appointment may need to happen in under four weeks or more than six weeks.
- **Ask clients to sign a release of information to engage with other CECSs in their lives**
This can be particularly helpful if you cannot schedule a direct follow up within your agency, but you can have a consultation call about the client's care with another CEC at another agency between visits if appropriate).

IPV Case Study

KHALIL



- What specifically has Khalil shared or you noticed that would suggest assessing for IPV is needed?
- How would you assess for IPV?
- What is a broader question you ask Khalil in your assessment?
- What is a specific or detailed question you may ask in your assessment?
- How would you help Khalil address immediate needs for safety such as housing?
- Where might you refer Khalil for services he requested and those he did not request but may need?
- How would you follow up with Khalil?