



Health Cares About Domestic Violence: Applying a Universal Education Approach to Patient Screening

October 22, 2024 | Joint Perinatal Improvement Summit

Agenda

3:30 – 3:40 a.m.	Welcome & Introductions
3:40 – 3:55 p.m.	Intimate Partner Violence (IPV) During Pregnancy
3:55 – 4:10 p.m.	What is CUES?
4:10 – 4:20 p.m.	CUES Implementation in MN
4:20 – 4:25 p.m.	How can you implement CUES in your workplace?
4:25 – 4:30 p.m.	Questions & Answers

Land Acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. In Minnesota, we are standing on the ancestral lands of the Dakota people. We want to acknowledge the history of this land, including the Dakota, the Ojibwe, the Ho-Chunk, and the other nations of people who also called this place home. Native peoples were removed unjustly, and we in this space are the beneficiaries of that removal. At MDH, as we understand that land is related to health, we want to be a good steward of the land we are on. This acknowledgement is just one piece of that. We understand the systemic racism, historic trauma, and genocide that has impacted Indigenous communities and peoples in our state.

We recognize that a land acknowledgement is a first step. We support this action with resources and shared decision-making to meet Tribal public health priorities and needs. With our Indigenous neighbors and coworkers, we can advance health equity and work to ensure all communities across the state are thriving and all people have what they need to be healthy.

We encourage state employees and the public to research the history of the lands we are on and if you are able, find Native-led events to attend, organizations to support, and causes to champion.

Tribal-State Relations Acknowledgment Statement

The State of Minnesota is home to 11 federally recognized Indian Tribes with elected Tribal government officials. The State of Minnesota acknowledges and supports the unique political status of Tribal Nations across Minnesota and their absolute right to existence, self-governance, and self-determination. This unique relationship with federally recognized Indian Tribes is cemented by the Constitution of the United States, treaties, statutes, case law, and agreements. The State of Minnesota and Tribal governments across Minnesota significantly benefit from working together, learning from one another, and partnering where possible.

Minnesota Department of Health recognizes, values, and celebrates the vibrant and unique relationships between the 11 Tribal Nations and the State of Minnesota. Partnerships formed through government-to-government relationships with these Tribes will effectively address health disparities and lead to better health outcomes for all of Minnesota.

In the Sexual Violence Prevention Program, we partner with the Minnesota Indian Women's Sexual Assault Coalition (MIWSAC) to provide support to Tribal Nations and organizations serving other American Indian populations throughout the state. We also work closely with the Office of Justice Programs Missing and Murdered Indigenous Relatives Office.

We are working to demonstrate our commitment to Tribal-State relations by centering the experiences of Indigenous peoples.

Presenters



Carlie Abel (she/her)

*Domestic Violence
Prevention Community
Health Educator*

**Indian Health Board of
Minneapolis, Inc.**



Erica Lester (she/her)

*Workforce Development
Manager*

**Minnesota Association
of Community Health
Centers**



Julia Tindell (she/her)

*Sexual Violence
Prevention Program
Director*

**Minnesota Department
of Health**




Meggie Royer (she/her)

*Communications Senior
Manager*

Violence Free Minnesota

Maternal Mortality Intervention Leadership Team

- Funded by Indian Health Service (IHS)* and Office of Women's Health (OWH)**
- Goal: Implement the CUES intervention statewide to improve outcomes and reduce deaths among pregnant and postpartum people due to violence.
- Current partners:
 - Indian Health Board of Minneapolis, Inc. (IHB)*
 - Minnesota Association of Community Health Centers (MNACHC)**
 - Minnesota Department of Health (MDH)**
 - Minnesota Perinatal Quality Collaborative (MNPQC)**
 - Violence Free MN (VFMN)**



Intimate Partner
Violence (IPV)
During Pregnancy



About **6%** of people with recent live birth experienced emotional, physical, or sexual violence during pregnancy by a current intimate partner.

Intimate Partner Homicide During Pregnancy in the U.S.



In 2018 – 2019, women were **more than twice as likely** to die from homicide during pregnancy and shortly after than from hypertensive disorders, hemorrhage, or infection.



Over **2/3** of people who experienced violence by a current intimate partner during pregnancy also experienced it before.



In the U.S., **9.7% of men and 8.4% of women** experienced reproductive coercion by an intimate partner during their lifetime.

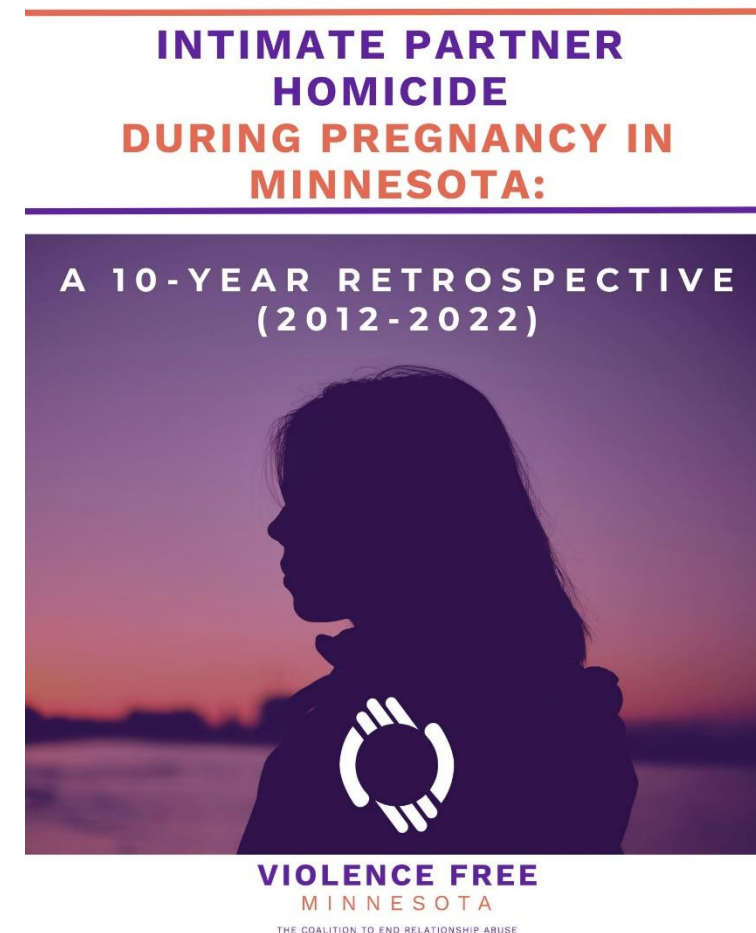


Black, Indigenous, and Hispanic women are **substantially more likely** to be killed during pregnancy than white women.

Intimate Partner Homicide During Pregnancy in Minnesota

Between 2012 and 2022, at least 9 women in Minnesota were killed while pregnant due to domestic violence. 5 children were killed alongside them.

- Racial disparities were significant: 6 of these 9 women were women of color (4 Black women, 1 Indigenous woman, and 1 Latina woman)
- Firearms were the most commonly used homicide method, comprising 4 of the 9 homicides.





Latifa Tasha Brown

Limitations of Screening

- 1 in 4 women (25%) and 1 in 9 men (11%) are estimated to be survivors of IPV in the general population.
 - Disclosure rates in clinical settings range from 1 – 14% with screening, typically hovering around 7%.
- Among known survivors, only 21.1% of women and 5.6% of men report disclosing to a healthcare professional

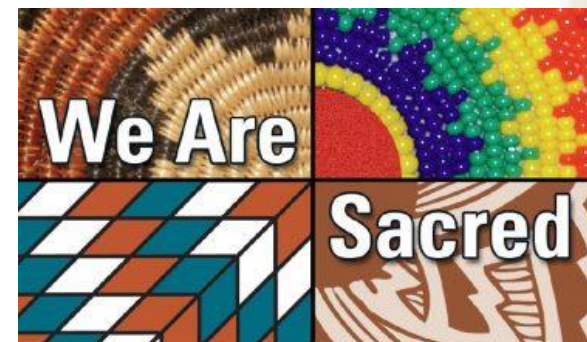
What Survivors of IPV Want

- Autonomy
- Empathy & compassion
- Informed providers



CUES: An Evidence-Based Intervention

Confidentiality
Universal Education
Empowerment
Support



Evidence-Based CUES Intervention



“(The card) made me feel empowered because...you can really help somebody...somebody that might have been afraid to say anything or didn’t know how to approach the topic, this is a door for them to open so they can feel...more relaxed about talking about it.”

-Provider speaking about the CUES card (2017)

“They would bring out a card, basically walk in with it and she would open it and ask me had I ever seen it before? It was awesome. She would touch on, no matter what the situation you’re in, there’s some thing or some place that can help you. I don’t have to be alone in it. That was really huge for me because I was alone most of the time for the worst part.”

-Patient who received the CUES intervention (2017)



CUES Implementation in MN

- Project Connect
- Project Catalyst
- Minnesota Maternal Death Context CUES (MMDCC) Project
 - Funded by the Office of Women's Health (OWH) State, Local, Territorial, and Tribal (SLTT) Partnership Programs to Reduce Maternal Deaths due to Violence



Intervention Leadership Team Updates

- Trained 1 clinic (in person) and 1 group of health providers in higher education (virtual)
- January CUES Training of Trainers (hybrid)
 - Facilitated by Health Policy Consultant at Futures Without Violence, Rebecca Levenson
 - Trained 23 health staff and 44 advocates
 - 85.2% of providers reported that they are more likely to talk to their patients about IPV
 - 88.9% of providers reported that they understand how to better work with local DV programs to facilitate referrals
 - 81.5% of providers reported that they are more like to provide universal education

Indian Health Board of Minneapolis, Inc. (IHB) Needs Assessment Survey Results (February 2024)

- Need for clear protocols and support mechanisms
- Emphasis on confidentiality
- Importance of comprehensive training
- Opportunity for tailored training programs
- Varied levels of preparedness and need for additional guidance
- Importance of supportive leadership to provide clear protocols and education
- Preference for patient self-screening and flexibility
- Recognition of inconsistent screening and need for improvement/targeted intervention

CUES Implementation at IHB



Local Expert Training

Tailored training on dynamics of IPV in American Indian & Spanish-speaking communities



Asynchronous Training

Online modules tailored to IHB staff needs



CUES Workshops

Workshop to facilitate discussion & knowledge sharing, practice, and emerging questions



Evaluation

Ongoing evaluation of training to support IHB staff and improve CUES training for other programs

How can you bring CUES to your workplace?

- Connect with the Intervention Leadership Team
 - Sign up for our NEW newsletter!
 - Contact the team leaders to learn more
 - See handout for more information
- Get buy-in from leadership
- Get buy-in from staff





Questions?

Thank You!

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