



**Community care:  
Advocacy for Latin@  
survivors of IPV in  
health systems**



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Esperanza United has chosen to use “@” in place of the masculine “o” when referring to people or groups that are gender neutral or both masculine and feminine. This decision reflects our commitment to gender inclusion and recognizes the important contributions that women, men, and gender-nonconforming people make to our communities.

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## Overview

Community providers have been integral to individuals' health and safety during the COVID-19 pandemic. Latin@ individuals face unique situations when reporting intimate partner violence (IPV) and navigating healthcare systems due to disparities in language access and identification in healthcare systems (Robinson et al., 2021). Community providers are bridges to increasing access to care, preventing IPV, and supporting Latin@ survivors.

Community providers include individuals who provide direct and indirect services and care to the health and well-being of people in a community. Providers can take action to significantly improve the health and well-being of Latin@ survivors of IPV navigating health systems with the use of this tool, "Community Care: Advocacy for Latin@ Survivors of IPV in Health Systems."

This tool will serve to

- Equip community providers with culturally-responsive strategies to navigate health systems for Latin@ survivors of IPV
- Increase knowledge of barriers to healthcare experienced by Latin@ survivors of IPV
- Mobilize advocates to promote holistic and sustainable support

## Healthcare systems and COVID-19

IPV is behaviors within an intimate relationship that cause physical, sexual, or psychological harm (World Health Organization, 2022). These include and are not limited to physical aggression, sexual coercion, psychological and emotional abuse, and controlling behavior. IPV can occur in any intimate relationship regardless of sex, gender, or arrangement between partners.

The inability to adequately prepare for the COVID-19 pandemic brings attention to the existing gaps within the healthcare systems (Futures Without Violence, 2021). For Latin@ survivors of IPV, the pandemic increased the established barriers to healthcare access. The needs of the Latin@ community vary by location, and each Latin@ individual experiences has their own unique barriers to care. However, common themes of recurring barriers to care for Latin@ survivors of IPV include the following (Robinson et al., 2021):

- Transportation
- Identification
- Cost of care and proof of income
- Language access
- Compassion from providers
- Awareness of IPV



## Highlighting community healthcare centers

Having a connection to Community Healthcare Centers (CHCs) is vital to support the health and well-being of Latin@ survivors of IPV. CHCs provide equitable access to healthcare services. Many CHCs receive federal funding and may be known as “Federally qualified health centers” or FQHCs. Often, FQHCs are most equipped to provide services such as language access services, primary care services, and referrals to IPV services.

## Strategies

Culturally specific community mapping is a strategy created to understand the needs of a community and how to best advocate for the community members with the given resources in the area (Cutts et al., 2016). For example, a strategy used to promote access to healthcare and trust in health systems for immigrant women involves community members providing interpretation services (Tefera & Yu, 2022). Table 1 provides resources for community providers and advocates to map the health centers in their area to better support the care and needs of Latin@ survivors. These tools aid in identifying valuable community assets and utilization. Table 2 highlights the barriers to care often experienced by Latin@ survivors of IPV and provides recommendations to reduce these barriers and uplift Latin@ survivors.

### Table 1. Tools to map culturally specific community health services

Practice culturally specific community mapping by locating community health centers and their care services in your area. Get started by using the resources below.

- ▶ [Find a health center \(HRSA: Health Resources and Services Administration\)](#)
- ▶ [Find a mobile health unit \(Harvard Mobile Health Clinics\)](#)
- ▶ [Find a migrant health center \(NCFH: National Center for Farmworker Health\)](#)

**Table 2. Ideas for advocates addressing barriers to care for Latin@ survivors**

| Healthcare barrier                  | Concern   | Action   | Implementation   |
|-------------------------------------|---|--|--|
| <b>Transportation</b>               |   |  |  |
|                                     | <p>Transportation to clinics or care centers is limited in low-income or long-distance areas</p>  | <p>Establish or increase support to access care in underserved areas.</p>          | <p>Become familiar with local organizations such as crisis centers, domestic violence/sexual assault (DV/SA) centers, religious organizations, and local clinics providing mobile health units.</p> <p>See if your county, religious location, or city provides free transportation or vouchers for public transportation.</p>   |
| <b>Identification</b>               |   |  |  |
|                                     | <p>IDs are often needed to receive care and for follow-up but Latin@ survivors may not be able to provide them at the time they are seeking care.</p> | <p>Strategize with Latin@ survivors about how to navigate ID requirements.</p>     | <p>Ask if alternate documentation (school ID, voting card, community ID, vaccine card, ID from Latin@ survivor’s country of birth) can be used.</p> <p>Support Latin@ survivors in obtaining a “community ID,” especially as this document may be used for testing or receiving health care services.</p> <p><b>Note: IDs are not required for COVID-19 vaccination.</b></p> |
| <b>Cost of care/proof of income</b> |   |  |  |
|                                     | <p>Latin@ survivors may not be able to provide proof of income such as pay stubs or a W-2.</p>  | <p>Decrease the financial burden of Latin@ survivors seeking care and support.</p> | <p>Offer to work with the Latin@ survivors complete health services applications.</p> <p>Be aware of the financial and payment programs offered by local DV/SA centers who may cover medical costs.</p>  |

| Healthcare barrier | Concern   | Action  | Implementation  |
|--------------------|---|---|---|
|                    | Cost of care is high and demanded at the time care is sought. | Utilize community health centers as these are most accessible to receive healthcare services. | Visit <a href="https://www.hrsa.gov">Find a health center on hrsa.gov</a> to find your closest community health center, as federally funded health centers often provide more affordable health services. |

| Language access |   |   |   |
|-----------------|---|---|---|
|                 | Material, such as fliers or pamphlets, are not available or not offered in languages other than English.<br><br>Health services are only provided in English. | Provide material in the predominant languages of the area.<br><br>Match your staff to the community you serve | Provide general material regarding family health in Spanish and other languages found in Latin@ America, including material on local organizations that support health and wellbeing. These organizations may be food centers, shelters, DV/SA centers, and/or religious organizations.<br><br>If the Latin@ population in your service area is 30%, have at least three Latin@ staff members.<br><br><b>Note: Federally-funded clinics and organizations are required to provide language access services.</b> |

| Compassion from providers |  |   |  |
|---------------------------|--|---|--|
|                           | Latin@ survivors of IPV feel they may not be believed. | Provide compassionate care through active listening, especially during disclosure of IPV experiences. | Give survivors what they want - Listen, be non-judgemental, offer information and support, and do not push for disclosure (Futures Without Violence, 2021)<br><br>Validate their experiences by listening and asking if it is okay to give them more information.<br><br><b>Note:</b> <a href="#">Review Esperanza United's Medical Provider Tools to support Latin@ Survivors of IPV.</a> |

| Healthcare barrier                             | Concern   | Action   | Implementation   |
|--|---|--|--|
| <b>Awareness for IPV in Latin@ communities</b> |   |  |  |
|  | <p>Awareness of IPV and the impact of unhealthy relationships on health is limited across various communities.</p> <p>Because disclosure may not be common, it may appear that services are not needed.</p> | <p>Increase awareness of IPV resources and how health is also impacted by relationships.</p> <p>Create safe spaces and discuss healthy relationships.</p> <p>Be aware of implications that may discourage disclosure such as gender roles (machismo<sup>1</sup> and marianismo<sup>2</sup>), collectivism<sup>3</sup> or familismo<sup>4</sup>, and anti-immigrant environments.</p> | <p>Ask screening questions, such as if patients feel safe in their relationships, or if they have experienced any unwanted actions.</p> <p>Highlight confidentiality and security in your space, especially if a Latin@ survivor chooses to disclose. Remember to not push for disclosure as that can retraumatize the individual.</p> <p>Avoid negative conversations around the perpetrator. Highlight positive values, strengths, and resistance strategies for individuals and communities. Reduce beliefs of learned helplessness.</p> <p><b>Note: Systems can perpetrate trauma as well as impact individual resiliency.</b></p> |

1 Machismo, a subset of cultural patriarchal values which upholds a strong sense of pride in masculinity within Latin@ cultures, often leading to unhealthy gender roles and harm.

2 Marianismo, a subset of cultural patriarchal values and religious values indicating desirable femininity and gender roles for Latin@ women, based on the Virgin Mary. It is intertwined with machismo and Roman Catholicism.

3 Collectivism places emphasis on group identity over individual identity.

4 Familismo is a strong cultural Latin@ value which upholds dedication, commitment, and loyalty to immediate and extended family members.



## Advocates for Latin@ survivors of IPV: Navigating healthcare systems

Advocacy for Latin@ survivors of IPV begins in the community. To provide adequate support, advocates need to become familiar with the healthcare and legal options available to support survivors of IPV (Sullivan & Goodman, 2019).

### Skills for advocacy

Advocacy involves various skills and levels of awareness to support Latin@ survivors. Many of these skills intersect with trauma-informed care (TIC). TIC ensures that the care is centered around the individual and their future health outcomes. Review Table 3 to implement TIC in your advocacy and leadership to support Latin@ survivors of IPV.

**Table 3: Trauma-informed care to support Latin@ survivors of IPV**

| TIC components | Skills required                        | Application  |
|----------------|--|--|
| <b>Safety</b>  |  |  |
|                | Mandatory reporting                    | Disclose if you are a mandatory reporter and what this means for the Latin@ survivor you are working with.   |
|                | Knowledge of legal and medical support | Be familiar with medical examinations and legal support available to Latin@ survivors who disclose. Your presence may be called for in the form of a follow-up.  |
|                | Self-reflection                        | Understand cultural perspectives that inform safety (i.e. gender roles, legal status, relationships).<br><br>Recognize your own biases, connections, and strengths in your work.                           |
| <b>Choice</b>  |  |  |
|                | Centering around the Latin@ survivor   | Understand that disclosure is up to the survivor. When disclosure happens, be attentive and listen.  |
|                | Resourcefulness                        | Certain decisions are up to the individual, such as pressing charges, obtaining testing, or communicating with the perpetrator. Ask the Latin@ survivor how they would like to be supported going forward. |



| TIC components         | Skills required   | Application  |
|------------------------|---|--|
| <b>Collaboration</b>   |   |  |
|                        | Leadership<br>Engagement  | <p>Be open and known in your community as an advocate for Latin@ survivors of IPV. Many times, individuals do not know who they can reach out to for support. This may look like:</p> <p>Volunteering or working at:</p> <ul style="list-style-type: none"> <li>• Clinics/hospitals</li> <li>• DV/SA centers</li> <li>• Community health centers</li> </ul> <p>Sharing messages about:</p> <ul style="list-style-type: none"> <li>• Preventing IPV</li> <li>• Disclosing IPV</li> <li>• Culturally factors such as machismo</li> </ul> |
| <b>Trustworthiness</b> |   |  |
|                        | Consistency<br>Communication<br>Solutions-based outlook             | <p>Center care around the self-identified needs and wants of the individual. Ask the individual how they would like to be contacted and followed up with.</p> <p>Be present, informed, and active. Your presence and actions are impactful in supporting positive health outcomes.</p>   |
| <b>Empower</b>         |   |  |
|                        | Upholding sustainable change<br>Compassion<br>Diligence<br>Alliance | <p>Follow-up and comfort are vital to aiding survivors attending medical appointments. Work with health professionals to develop a list of resources that includes information on safe houses, legal support, and support after disclosure.</p> <p>Ensure this information is available in languages other than English.</p>   |

## References

- Cutts, T., Langdon, S., Meza, F. R., Hochwalt, B., Pichardo-Geisinger, R., Sowell, B., Chapman, J., Dorton, L. B., Kennett, B., & Jones, M. T. (2016). Community Health Asset Mapping Partnership Engages Hispanic/Latino Health Seekers and Providers. *North Carolina Medical Journal*, 77(3), 160–167. <https://doi.org/10.18043/ncm.77.3.160>
- Futures Without Violence. (2021a). CUES An Evidence-Based Intervention to Address Domestic and Sexual Violence in Health Settings. <https://www.futureswithoutviolence.org/wp-content/uploads/CUES-graphic-Final.pdf>
- Futures Without Violence. (2021b). Lessons Learned About Survivor-Centered Support During the COVID-19 Pandemic: Recommendations for Pediatric Healthcare Providers. Futures Without Violence. [https://www.futureswithoutviolence.org/wp-content/uploads/FWV\\_healthcare\\_Issue\\_Brief.pdf](https://www.futureswithoutviolence.org/wp-content/uploads/FWV_healthcare_Issue_Brief.pdf)
- Robinson, S. R., Ravi, K., & Voth Schrag, R. J. (2021). A Systematic Review of Barriers to Formal Help Seeking for Adult Survivors of IPV in the United States, 2005–2019. *Trauma, Violence, & Abuse*, 22(5), 1279–1295. <https://doi.org/10.1177/1524838020916254>
- Sullivan, C. M., & Goodman, L. A. (2019). Advocacy With Survivors of Intimate Partner Violence: What It Is, What It Isn't, and Why It's Critically Important. *Violence Against Women*, 25(16), 2007–2023. <https://doi.org/10.1177/1077801219875826>
- Tefera, G. M., & Yu, M. (2022). Immigrant Women's Access to Healthcare Services in the United States: A Qualitative Meta-Synthesis. *Journal of Social Service Research*, 48(2), 285–299. <https://doi.org/10.1080/01488376.2022.2035300>
- World Health Organization. (2022, December 5). Intimate Partner Violence. Violence Information. <https://apps.who.int/violence-info/intimate-partner-violence/>