



**Tools for Medical  
Providers to Support  
Latin@ Survivors of  
Intimate Partner Violence  
during the COVID-19  
Pandemic**



# Tools for Medical Providers to Support Latin@ Survivors of Intimate Partner Violence during the COVID-19 Pandemic

## Contents

Overview.....	3
Intimate partner violence (IPV) .....	3
IPV and COVID-19 in Latin@ communities.....	4
Perpetrator behavior unique to COVID-19 .....	4
Cultural considerations and IPV reporting in Latin@ communities .....	5
Table 1: Engaging and establishing connections with Latin@ communities .....	5
Addressing IPV in Latin@ communities: Trauma-informed care (TIC) in healthcare .....	6
Table 2: TIC to support Latin@ survivors of IPV (Centers for Disease Control and Prevention, 2022a) .....	7
Approaching IPV: Culturally responsive integrative steps for medical providers.....	9
Table 3: Strategies for enhancing healthcare experiences for Latin@ survivors of IPV.....	9
References.....	12

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.

This project was supported by award: 90EV0553-01-00 from the Department of Health and Human Services, Administration for Children and Families. Its contents are solely the responsibility of Esperanza United and do not necessarily represent the official views of the Department of Health and Human Services, Administration for Children and Families.



## Overview

Medical providers play a crucial role in the prevention and intervention of intimate partner violence (IPV) experienced by patients. Violence is a social determinant of health, affecting the health outcomes of survivors, especially during the COVID-19 pandemic (California Department of Public Health, 2020 and National Domestic Violence Hotline, 2020). The United Nations recognized IPV as a shadow pandemic across the globe (United Nations Women, 2020). Additionally, Latin@ survivors of IPV experience a multitude of barriers to well-being and safety. These barriers are a result of historical and current social-political stigma leading to acculturation and dehumanization. Health and government officials' inability to prepare for this shadow pandemic shows the importance of having IPV structural support be integrated into disaster planning and medical resources (Oswald et al., 2022). Medical providers and health officials are key in incorporating and normalizing feasible, equitable strategies to support Latin@ survivors of IPV and their health outcomes.

With the use of this tool, medical providers can mobilize to significantly improve the health and well-being of Latin@ survivors of IPV by ingraining components of health equity in their practice.

“Tools for Medical Providers to Support Latin@ Survivors of Intimate Partner Violence during the COVID-19 Pandemic” will equip medical providers to:

- Comprehend the impact of IPV and COVID-19 in Latin@ communities
- Increase knowledge of culturally responsive, trauma-informed approaches
- Enhance health care experiences for Latin@ survivors of IPV

## Intimate partner violence (IPV)

IPV is described as behaviors within an intimate relationship that causes physical, sexual, or psychological harm (World Health Organization, 2020). These include and are not limited to physical aggression, sexual coercion, psychological and emotional abuse, and controlling behaviors. IPV can occur in any intimate relationship regardless of sex, gender, or arrangement between partners. IPV contributes to a number of chronic health problems<sup>1</sup> and often limits survivors' ability to manage other illnesses like diabetes (Futures Without Violence, 2019).

## IPV and COVID-19 in Latin@ communities

About one in twelve Latinas have experienced IPV in the last twelve months (Esperanza United, 2021). The CDC states that

---

<sup>1</sup> Common chronic conditions include depression, alcohol and substance abuse, and sexually transmitted infections (Futures Without Violence, 2019).



about one in four men and one in three women have reported experiencing severe physical violence from IPV (Centers for Disease Control and Prevention, 2022). The reported prevalence of IPV is similar across racial and ethnic groups, however, Latin@ survivors of IPV experience disproportionate health outcomes due to socioeconomic disparities (Alvarez-Hernandez et al., 2022). Findings state that Latin@ survivors of IPV have higher rates of poor physical and mental health than non-Latin@ IPV survivors (Bonomi et al., 2009).

COVID-19 exacerbated the pre-existing inequities faced in the Latin@ communities such as access to public assistance, health, education, and housing-related resources. Latin@s were overrepresented among essential workers impacted by the COVID-19 pandemic (Pierdra, 2022). Latin@ survivors of IPV experience even more inequities in resource access due to cultural differences and limitations in language access. Availability of appropriate assistance is crucial for Latin@s individuals, particularly immigrants or non-English speakers.

The development, promotion, and dissemination of culturally responsive materials and media are vital to the well-being of Latin@ individuals. The implementation of trauma-informed and culturally responsive care frameworks across the healthcare field are necessary to strengthen access to resources and minimize the barriers for Latin@ survivors seeking care.

## **Perpetrator behavior unique to COVID-19**

Beyond the barriers to accessing culturally responsive IPV services during peak COVID, survivors also had to endure COVID-19-specific abusive behavior. Many victims described how their partners were using the pandemic as a justification for escalating abuse. These abusive behaviors include but are not limited to increased surveillance, increased coercive control<sup>2</sup>, sharing misinformation about COVID-19, withholding health insurance cards, and more (Lyons & Brewer, 2022). For Latin@ survivors, these abusive behaviors were also combined with threats regarding their immigration status, such as the removal of residency cards or threats of deportation. The fear caused by this abuse prevents many Latin@ survivors from reaching out to social services to improve their health meaning they forgo obtaining basic needs and support for their mental health. Furthermore, Latin@ survivors will benefit from increasing language access to COVID-19 resources that will help with clarifying misinformation and reduce anxiety brought by COVID-19.

---

<sup>2</sup> “Coercive control” is defined as a strategic course of oppressive conduct that is typically characterized by frequent, but low-level physical abuse and sexual coercion in combination with tactics to intimidate, degrade, isolate, and control victims (Lyons & Brewer, 2022). It is important to note that coercive control has been identified as one of the important predictors of femicide (Johnson, et al, 2019).



## Cultural considerations and IPV reporting in Latin@ communities

Before and during the COVID-19 pandemic, Latin@ individuals encountered multiple barriers, specifically with language access services and culturally competent care, when seeking IPV support and services in hospitals/clinics, domestic violence (DV) programs, and legal agencies. Various opportunities of health engagement exist within the Latin@ community and are depicted in Table 1.

When providers involve the Latin@ community, establish connections, and understand help-seeking behaviors unique to the Latin@ community, then access to services increases. Overall, serving the needs of the Latin@ community and increasing access to medical services improves health outcomes for patients and survivors of IPV.

**Table 1: Engaging and establishing connections with Latin@ communities**

Location	Examples of engagement
Schools / universities	School-based clinics, after-school clinics, sports clinics, health classes, school counseling, health fairs
Mobile health units (MHUs)	Bringing MHUs to health fairs, community events, parks, or other communal spaces
Places of worship	Spiritual support, food banks
Community centers	Vaccine clinics, physical shelters
Health institutions	Public health departments, hospitals, urgent cares, emergency departments (standing or connected), at-home care
Social service organizations	Local DV / rape crisis centers

Collaborating with the Latin@ community and providing culturally competent care involves understanding the intersection of culture and health. Nearly half of Latinas did not report abuse to authorities due to multiple reasons including: shame/guilt, loyalty to and/or fear of partners, and/or distrust of the available systems (Esperanza United, 2021). Cultural traditions may provide strength in seeking services or may deter from reporting. Aspects



of traditions such as gender roles (machismo<sup>3</sup>/marianismo<sup>4</sup>), family (familismo<sup>5</sup>), and religious beliefs often influence help-seeking behaviors of Latin@ survivors.

Facets of cultural traditions also highlight help-seeking behavior unique to the Latin@ community. Formal help-seeking for many Latin@ survivors of IPV begins if they experience severe physical abuse (Esperanza United, 2021). Providers can engage with sources from cultural traditions to strengthen their care strategies. Latin@ survivors, especially those who are undocumented, often obtain informal resources and aid through collectivism<sup>6</sup> and familismo - aka by confiding in family members, friends, and neighbors about IPV. This is why community outreach to increase knowledge is essential as every individual in the community potentially serves as a source of support and knowledge.

### **Addressing IPV in Latin@ communities: Trauma-informed care (TIC) in healthcare**

Trauma-informed care (TIC) is a holistic approach aimed at acknowledging the prevalence of trauma and evaluating its effects by providing professional support (Palmieri, & Valentine, 2020). The neurobiology of trauma provides insight into the responses of patients, especially in reaction to receiving medical treatment (The Sexual Trauma & Abuse Care Center, 2016). Understanding how trauma may impact reflexes and habits during and after the experience, particularly how they present in medical settings, should inform care strategies. Neuroscientists have not yet determined the specific causes for certain reflections or habits, however, TIC can significantly improve patient-provider interactions, especially for survivors of IPV. Trauma responses are different for everyone and there is no right or wrong reaction. Reported reactions from medical providers and survivors include but are not limited to depression, shame, dissociation, and hypervigilance (The Sexual Trauma & Abuse Care Center, 2016). TIC is integral to building trust and supporting positive health outcomes of Latin@ survivors of IPV, especially during disclosure. Medical providers are encouraged to use Table 2 below to implement TIC in their healthcare strategies and practices.

---

3 “Machismo” is a subset of cultural patriarchal values which upholds a strong sense of pride in masculinity within Latin@ cultures. It often leads to unhealthy gender roles and harm.

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

5 “Familismo” is a strong cultural Latin@ value that upholds dedication, commitment, and loyalty to immediate and extended family members.

6 “Collectivism” places emphasis on group identity over individual identity.

**Table 2: TIC to support Latin@ survivors of IPV (Centers for Disease Control and Prevention, 2022a)**

TIC components	Skills required	Application
<b>Safety</b>		
	Building rapport	Help the patient feel comfortable and ask them if there are any additional accommodations needed to help them feel safe. Talk to them about your role and why you are there. Let them know who else will be present. Reassure them that you are there for them and that next steps will not occur without their permission.
	Mandatory reporting	Disclose if you are a mandatory reporter and what this means for the Latin@ survivor you are working with.
	Application of legal and medical support	Explain medical examinations and accommodations. Understand that adjustments may be made to provide comfort.
	Medical accommodations and comfort	Understand cultural perspectives that inform safety (i.e. gender roles, legal status, views on relationships, and interactions within their community). For example, a patient's immigration status may lead them to choose alternative protective factors instead of contacting law enforcement.
	Self-reflection	Self-awareness is critical in active listening and responsive communication. Recognize how your own biases, connections, and strengths within your role and how they impact your ability to provide holistic and sustainable care within the community. After reflecting, take actionable steps to further connect with the community in a reciprocal manner.
	Cultural implications	Seek opportunities to understand cultural nuances.  For example, conversations of emotions experienced during trauma may be described as having "nervios," rather than other medical terminology.

TIC components	Skills required	Application
<b>Choice</b>		
	<p>Centering care around the Latin@ survivor</p> <p>Reframing compliance</p> <p>Resourcefulness</p>	<p>Understand that disclosure is up to the survivor. When disclosure happens, be attentive and listen. Honor survivors' choices and preferred community resources.</p> <p>Various factors, such as experienced abuse and enabling structures, may influence the use of medication and the effectiveness of the treatment plan. Understand that non-compliance is not the intention of the patient, instead, develop actionable and achievable methods to uplift self-efficacy through empathy.</p> <p>Certain decisions are up to the individual, such as pressing charges, obtaining testing, or communicating with the perpetrator. Ask survivors how they would like to be supported going forward. For example, the patient may bring a trusted family member with them as a form of support (see familismo).</p>
<b>Collaboration</b>		
	<p>Leadership</p> <p>Engagement</p>	<p>Become known and visible in your community as an advocate for Latin@ survivors of IPV. One way to do this is by being present at events important to the community.</p> <p>Acknowledge how cultural traditions may provide strength for Latin@ survivors by engaging in them.</p>
<b>Trustworthiness</b>		
	<p>Consistency</p> <p>Communication</p>	<p>Be consistent by matching your words with your actions.</p> <p>Center care around the needs and wants of the individual. Ask the patient how they would like to be contacted and when/if it's safe to say your organization when you identify yourself. Follow the patient's guidance.</p>



TIC components	Skills required	Application
	Solutions-based and compassionate	Be present, informed, and active. Your presence and actions are important to supporting positive health outcomes.
<b>Empower</b>		
	Upholding sustainable change and diligence	Follow-up and support are vital to aiding survivors attending medical appointments. Develop a list of resources in collaboration with social services programs that includes information on safe houses, legal support, and support after disclosing.
	Accessible	Ensure this information is available in languages other than English.

## Approaching IPV: Culturally responsive integrative steps for medical providers

The health consequences of IPV and COVID-19 and the care needed to address these experiences reflect the importance of survivors' access to healthcare and the pivotal role healthcare providers have in detecting IPV and providing care. Healthcare professionals are often first-line responders and/or initial points of contact for cases of IPV-related physical injuries, health crises, or sexual assaults. Medical providers in all departments can enhance the healthcare experiences of Latin@ survivors of IPV by integrating the culturally responsive, trauma-informed strategies in Table 3.

**Table 3: Strategies for enhancing healthcare experiences for Latin@ survivors of IPV**

Strategy	Tactics	Evidence-based results
<b>Build partnerships with DV / sexual assault (SA) programs</b>	Include advocates in healthcare settings and in care teams for Latin@ survivors and patients.	Improve health outcomes for survivors.

Strategy	Tactics	Evidence-based results
	<p>Learn more about building collaborative responses between healthcare providers and DV/SA programs via our partner's, <a href="#">Futures Without Violence's guide</a>.</p>	<p>Increase pathways to COVID- 19 testing, care, and vaccinations.</p> <p>Build referral network.</p>
<b>Create a safe space</b>		
	<p>Display handouts, posters, and pamphlets in bathrooms and waiting areas.</p> <p>Provide material in Spanish and the top three languages spoken in your community.</p> <p>List local resources for survivors and families.</p>	<p>Reinforce the message that the clinic/hospital is a safe place to talk about trauma.</p> <p>Increase access for individuals who are seeking information or resources.</p>
<b>Offer IPV screening and support</b>		
	<p>Use these helpful screening statements:</p> <p><i>"I routinely screen my patients at every visit because abuse of any kind impacts our health and recovery. If you are not safe, I have resources to help."</i></p> <p>If a patient responds "no" to your screening questions, you can state the following, <i>"I am glad that you are in a healthy relationship. If your friend or family ever finds themselves in an unhealthy situation, there are people who can help and they speak Spanish."</i></p>	<p>Improve health outcomes for survivors.</p> <p>Build trust and confidence - between patients and providers.</p> <p>Gather more accurate and complete information.</p>

Strategy	Tactics	Evidence-based results
	<p>Be aware of your state's reporting requirements. Share any limits of confidentiality with the patient.</p> <p>Screenings for IPV can be done orally or written. Verbal screenings should be done in a safe, respectful environment. The patient must be screened while alone.</p> <p>Let the survivors know what will happen with their disclosure and information.</p>	
<b>Train staff</b>		
	<p>Allocate funds for IPV training in your budget and time in your calendar to provide training.</p> <p>Ensure that staff appropriately reflects the communities you serve in direct care and administration.</p>	<p>Improve health outcomes for survivors.</p> <p>Increase pathways to COVID- 19 testing, care, and vaccinations.</p>

## References

- Alvarez-Hernandez, L. R., Cardenas, I., & Bloom, A. (2022). COVID-19 Pandemic and Intimate Partner Violence: An Analysis of Help-Seeking Messages in the Spanish-Speaking Media. *Journal of Family Violence*, 37(6), 939–950. <https://doi.org/10.1007/s10896-021-00263-8>
- Bonomi, A. E., Anderson, M. L., Cannon, E. A., Slesnick, N., & Rodríguez, M. A. (2009). Intimate Partner Violence in Latina and Non-Latina Women. *American Journal of Preventive Medicine*, 36(1), 43–48. <https://doi.org/10.1016/j.amepre.2008.09.027>
- California Department of Public Health. (2020, April 18). Violence and Social Determinant of Health. <https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/Violence%20Prevention%20Initiative/ViolenceandSocialDeterminantofHealth.aspx>
- Centers for Disease Control and Prevention. (2022a, June 2). Infographic: 6 Guiding Principles To A Trauma-Informed Approach | CDC. [https://www.cdc.gov/cpr/infographics/6\\_principles\\_trauma\\_info.htm](https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm)
- Centers for Disease Control and Prevention. (2022b, October 11). Fast Facts: Preventing Intimate Partner Violence | Violence Prevention | Injury Center | CDC. <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>
- Futures Without Violence. (2019). Healthcare-and-DV-fact-sheet\_Nov-2019-Final.pdf. [https://www.futureswithoutviolence.org/wp-content/uploads/Healthcare-and-DV-fact-sheet\\_Nov-2019-Final.pdf](https://www.futureswithoutviolence.org/wp-content/uploads/Healthcare-and-DV-fact-sheet_Nov-2019-Final.pdf)
- Esperanza United. (2021). 3.11.73-Factsheet\_GeneralIPV2021-1.pdf. [https://esperanzaunited.org/wp-content/uploads/2021/09/3.11.73-Factsheet\\_GeneralIPV2021-1.pdf](https://esperanzaunited.org/wp-content/uploads/2021/09/3.11.73-Factsheet_GeneralIPV2021-1.pdf)
- Johnson, H., Eriksson, L., Mazerolle, P., & Wortley, R. (2019). Intimate Femicide: The Role of Coercive Control. *Feminist Criminology*, 14(1), 3–23. <https://doi.org/10.1177/1557085117701574>
- Lyons, M., & Brewer, G. (2022). Experiences of Intimate Partner Violence during Lockdown and the COVID-19 Pandemic. *Journal of Family Violence*, 37(6), 969–977. <https://doi.org/10.1007/s10896-021-00260-x>
- Oswald, D. L., Kaugars, A. S., & Tait, M. (2022). American Women’s Experiences With Intimate Partner Violence during the Start of the COVID-19 Pandemic: Risk Factors and Mental Health Implications. *Violence Against Women*, 10778012221117596. <https://doi.org/10.1177/10778012221117597>
- The Sexual Trauma & Abuse Care Center. (2016). The-Care-Center-Neurobiology-of-Trauma-Nov-2016.pdf. <http://stacarecenter.org/wp-content/uploads/2015/09/The-Care-Center-Neurobiology-of-Trauma-Nov-2016.pdf>
- National Domestic Violence Hotline (2020). Retrieved December 15, 2022, from <https://www.thehotline.org/wp-content/uploads/media/2020/09/The-Hotline-COVID-19-60-Day-Report.pdf>
- United Nations Women. (2020, May 27). Press release: UN Women raises awareness of the shadow pandemic of violence against women during COVID-19 | UN Women – Headquarters. <https://www.unwomen.org/en/news/stories/2020/5/press-release-the-shadow-pandemic-of-violence-against-women-during-covid-19>
- World Health Organization. (2020, December 5). Violence Info – Intimate partner violence. <http://apps.who.int/violence-info/intimate-partner-violence>