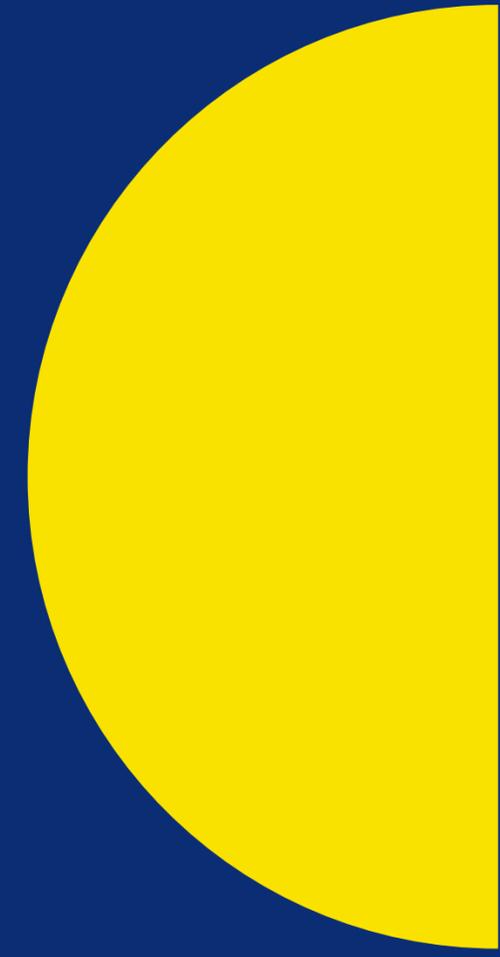
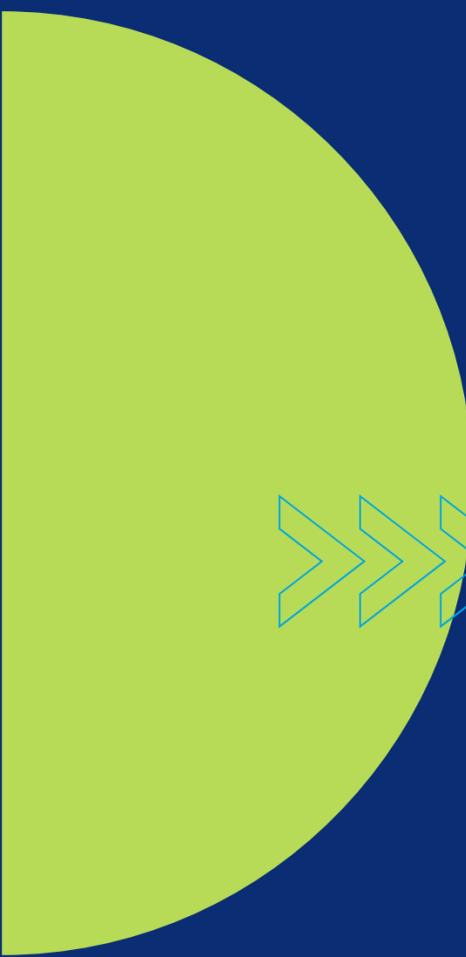


# GENDER BASED VIOLENCE RESPONSE IN HEALTH CARE SETTING

Mariá Balata, MA she/her  
Director of Pathways  
Swedish Hospital: Part of Northshore



# Swedish Hospital

Part of  **NorthShore**

# OBJECTIVES

What is Pathways and why do we exist?

Identify the opportunities and challenges to providing GBV services in a healthcare environment

Goals in integrating GBV services into healthcare setting

Pandemic Lessons

# Pathways

Walking Beside Survivors of Domestic Violence,  
Human Trafficking and Sexual Assault

- **CRISIS INTERVENTION**

Crisis intervention at bedside with patients identified for domestic violence, sexual violence and human trafficking.

- **ONGOING COUNSELING**

Patients can connect with licensed clinician for ongoing free and confidential domestic violence counseling on -site or via telehealth.

- **RESOURCES & REFERRALS**

Safety planning, connection to shelters, transportation, burner phone, basic toiletries and food insecurity resources. Connection to partner agencies who provide legal advocacy, support groups, shelters and potential access to a pro -bono attorney.

- **TRAUMA -INFORMED HEALTH CARE**

Connecting survivors from select partner agencies to free and affirming medical, dental, mental healthcare and forensic exams.

- **TRAINING & OUTREACH**

Raising consciousness and competency through trainings, community outreach and awareness events.

# Who We Serve

- Patients and staff impacted by domestic violence, sexual violence and sex trafficking
- Survivors of all gender identities
- Survivors of any sexual orientation and relationship structure
- Survivors of various legal statuses (citizens, legal residents, refugees, asylum seekers and immigrants without legal status)
- Survivors with substance dependency
- Undomiciled survivors
- English and non-english speaking

All services are free and confidential



# Our Framework

WE BELIEVE  
SURVIVORS.

WE BELIEVE VIOLENCE IS  
A CHOICE; AND AS SUCH,  
IT IS NEVER THE  
SURVIVOR'S FAULT IF  
SOMEONE CHOOSES TO  
USE VIOLENCE.

WE BELIEVE  
THAT  
SURVIVORS  
ARE THE  
EXPERTS IN  
THEIR  
EXPERIENCE.

WE BELIEVE  
THERE IS  
POWER IN  
OFFERING  
SURVIVORS  
CHOICES  
AND  
OPTIONS.

WE ARE COMMITTED TO  
HONORING THE CHOICES  
SURVIVORS MAY MAKE.



# PATHWAYS RESPONSE



## Emergency Department

Patient experiencing high acuity. Law enforcement and forensics may be involved. Often seeking emergency shelter and orders of protections. Risk of traumatic brain injury.



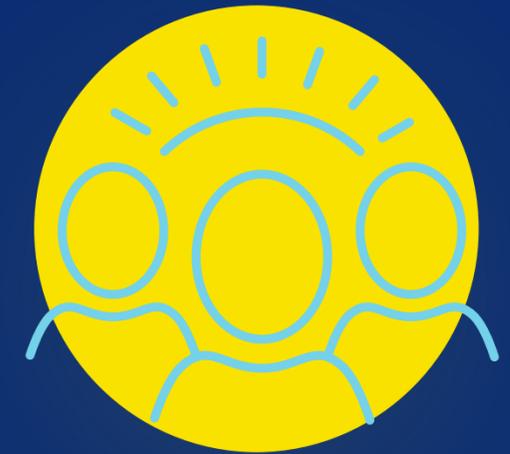
## In Patient Units

Labor/delivery and new moms/parents unit, psychology, and rehab. Often where we provide domestic violence education and patients seek counseling support.



## Medical Group

Often when screening happens but these visits are quick. Providers more like to obtain consent to connect the patient to us by phone at a later time.



## Community

Referrals from community partners seeking to support a survivor such as law enforcement, local food pantry, refugee center, legal aid agency.



# Responding to Violence in the Healthcare Environment





Studies consistently show that a majority of health practitioners feel uncomfortable and ill-prepared to discuss a patient's trauma experiences.

Training on trauma-informed practices, especially screening for trauma, increases recognition of the clinical manifestations of trauma, builds practitioner confidence and comfort, and expands knowledge of trauma-informed healthcare (Goldstein et al., 2018).

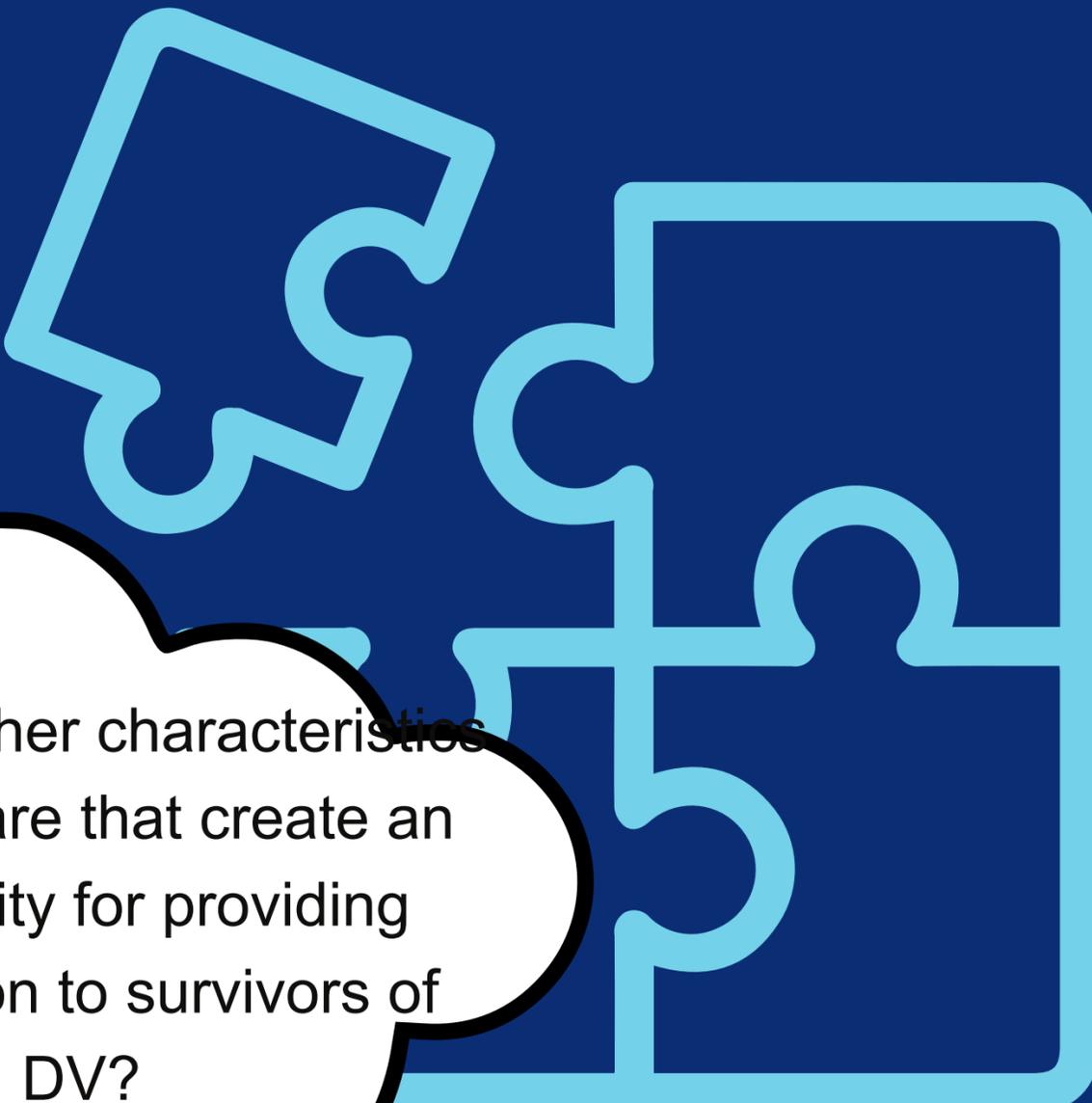
When healthcare practitioners identify domestic or sexual violence,

- provide first-line supportive response (e.g., validation and safety planning), and
- provide referrals to advocacy and/or counseling agencies,

patients are significantly more likely to achieve safety and improved health

(Hegarty et al., 2016)

# HEALTHCARE AND CONNECTING WITH SURVIVORS OF DOMESTIC VIOLENCE

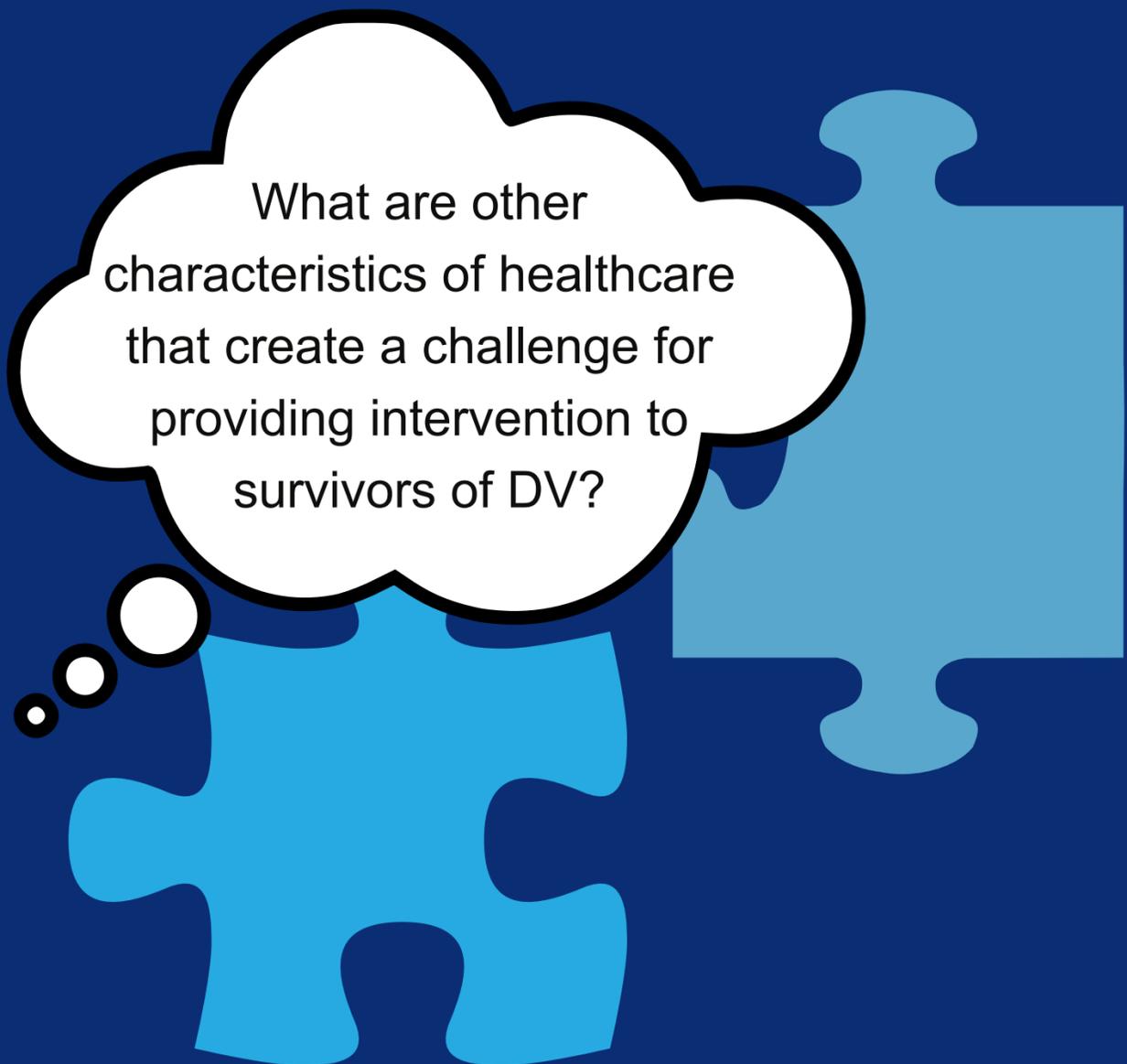


What are other characteristics of healthcare that create an opportunity for providing intervention to survivors of DV?

- Have access the health information, behavioral health and reproductive health history
- Have access to a high volume of patients from various identity groups and backgrounds
- Have the ability to speak to patients alone and connect confidentiality
- Healthcare environment can provide safe 'cover' for providing DV services

# Challenges

The coming together of diverse realities



What are other characteristics of healthcare that create a challenge for providing intervention to survivors of DV?

## Healthcare System

fast pace

efficiency

documentation

compassion fatigue

mandated reporters

burn-out

power hierarchy

measurable outcomes

productivity

- COST
- MANDATED REPORTING AND POLICE NOTIFICATION
- LIMITED CONFIDENTIALITY

## Trauma Survivor

Triggers

Slow to trust

Disassociation

Sensitivity to power / control dynamics

Fear, shame and silence

Fight, Flight and Freeze

Slow process of healing and change

Cautious decision-making

# GOALS

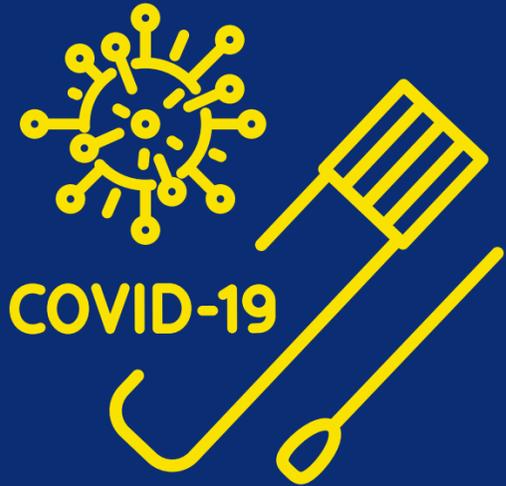
## Are NOT

- To force survivors to disclose abuse or other experiences
- To make healthcare providers responsible for solving all the patient's problems or telling the patient what to do

## ARE

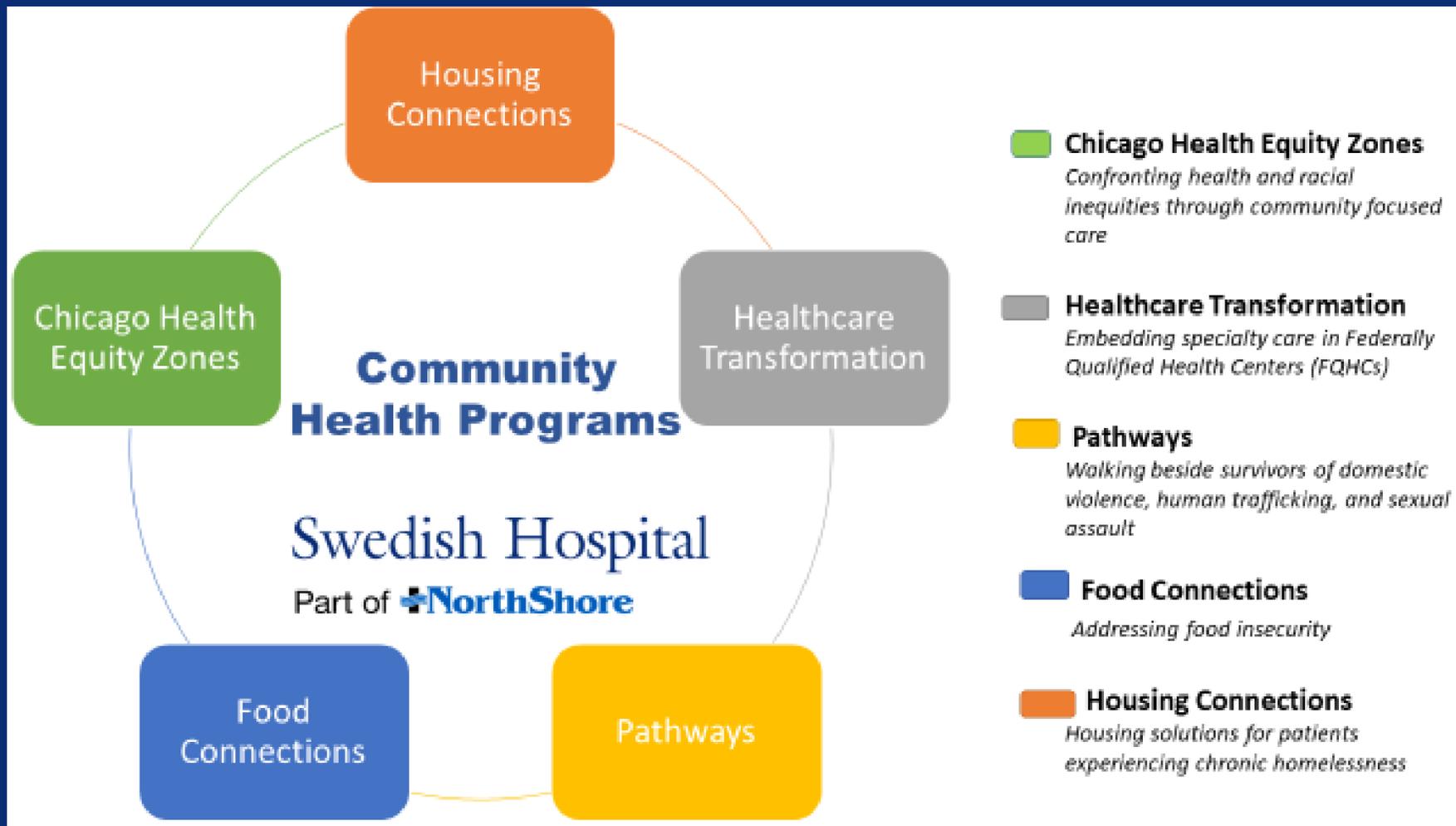
- To provide trauma-informed, holistic and appropriate care
- To increase safety, reduce isolation, link patients and their families to additional services and support





# Pandemic Lessons

It takes a village



- Survivors were less likely to seek emergency treatment
- Untreated pregnancies, STIs, injuries
- More social issues that ever before (homelessness, unemployment, food insecurities, isolation)
- Uprisings highlight disparities in law enforcement interactions with communities of color
- Institutions had to adapt to the remote world
  - Zoom court for emergency orders of protections
- Support services had to adapt to the remote world

# Questions? Comments?

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