The Conference is a program of Futures Without Violence's National Health Resource Center on Domestic Violence (HRC). The HRC is funded by a grant from the Family Violence Prevention & Services Program, Family & Youth Services Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

September 26-28, 2017
San Francisco, CA

#NCHDV
Thank you! Futures Without Violence thanks the members of our National Conference Steering Committee for their commitment to the National Conference on Health and Domestic Violence, and for their hard work reviewing and selecting the abstracts presented here and to the subcommittees which helped shape our plenary sessions and Pre-Conference Institutes. The conference would not be possible without their dedicated time and expertise. Thanks to all of our funders for making this conference possible and especially to Debbie Powell, Marylouise Kelley, PhD, Kenya Fairley, MSEd, Damien Frierson, PhD and the entire team from the Administration for Children, Youth and Families, U.S. DHHS. We appreciate your support, vision and long standing partnership.

We also want to thank Blue Shield of California Foundation, the Office on Women’s Health, and the Oregon Department of Justice (Oregon Safer Futures) for sponsoring their grantees to attend the Conference. Thanks to the team at the Centers for Disease Control and Prevention and Resilience for their dedication to promoting research in the field of violence prevention with the Linda Salzman Award for New Investigators and to Charlie Weeks and Robert Saltzman for contributing. Thank you to Dr. Elaine Alpert and Mia Kirk for helping with the 15-minute mentor session. Thanks also to Nancy Durborow for contributing to the Peter John Sawires Memorial Conference Scholarship which provides financial support to health care providers, researchers, advocates, and survivors attending the conference. We honor the memory of our friend and colleague Peter Sawires as we celebrate our 8th biennial conference that Peter helped develop in 2002. Thank you to all of the Pre-Conference Institute faculty and co-sponsoring organizations for helping to develop the institutes and for getting the word out!

Thanks also to all of those who helped bring our conference to life… Stephanie Alston, Alexandra DeVoe, Marika Holmgren, Erika Scott and Do Good Events’ team, Tom Corwin and Marlene Saritzky, Kristen Kaeding, and our continuing education partner, the Institute on Violence, Abuse and Trauma. Thank you also to Archer Travel, Marriott Marquis Hotel staff, Jennifer Keith, JP Graphics, Ideal Printers, Confex and all others who helped make this 2017 conference a success!

With support from:

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ABOUT FUTURES WITHOUT VIOLENCE

For more than 30 years, FUTURES has been providing groundbreaking programs, policies, and campaigns that empower individuals and organizations working to end violence against women and children around the world.

Providing leadership from offices in San Francisco, Washington D.C. and Boston, we’ve established a state-of-the-art Center for Leadership and Action in the Presidio of San Francisco to foster ongoing dialogue about gender-based violence and child abuse.

Striving to reach new audiences and transform social norms, we train professionals such as doctors, nurses, judges, and athletic coaches on improving responses to violence and abuse. We also work with advocates, policy makers, and others to build sustainable community leadership and educate people everywhere about the importance of respect and healthy relationships.

Our vision is a future without violence that provides education, safety, justice, and hope.

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Dear Friends and Colleagues,

On behalf of Futures Without Violence, welcome to the 2017 National Conference on Health and Domestic Violence. We’re excited to have so many domestic violence and sexual assault experts, health care professionals, researchers and health policy leaders here with us. We welcome the many leading health and medical associations, international researchers and practitioners, advocacy and student groups, academic leaders and service providers who are making this Conference such a success.

We are so pleased to welcome you to San Francisco, home to our headquarters and many of our staff. We have participants from nearly every state in the U.S. as well as from countries around the world.

We are in a time of great change and many challenges in our country today. Some of the issues being discussed at the national level have direct implications on our work — including how best to structure our health system to best promote access to affordable and quality care, how to respond to global refugee crisis and improve health services to immigrant, refugee and trafficked survivors as well as trafficking survivors and how to counter racism and anti-Semitism as part of our violence prevention goals. As always, we want to work with young people to prevent exposure to violence and promote resiliency. These national conversations directly relate to our work — and we are grateful to have some of the best researchers, health providers and advocates in the room grapple with solutions.

While more health care professionals are beginning to focus on how violence impacts the health and wellness of their patients and communities, we know that there is much more to be done. We have only just started to harness the collective power of the health care community to serve as a catalyst for change.

Over the next couple days, we will closely examine the latest research on violence and abuse, its health and mental health consequences and its costs to families, communities and our nation. We will explore promising new solutions, and the many ways health care providers, public health professionals, and policy makers can work with violence prevention advocates to advance them.

The work we do here is essential. Thank you for joining us, and for being part of this Conference. Together, we will improve the health care response to domestic violence, help women, men and children who have been exposed to abuse around the world, and find ways to stop the violence that afflicts too many families and communities.

Warm Regards,

Esta Soler

Esta Soler President, Futures without Violence
Dear Friends and Colleagues,

As Director of the Family Violence Prevention and Services Program, Family and Youth Services Bureau, Administration for Children and Families, at the U.S. Department of Health and Human Services (HHS), I am pleased and honored to welcome you to the 8th Biennial National Conference on Health and Domestic Violence here in the home of Futures Without Violence, San Francisco, California.

This National Conference on Health and Domestic Violence is co-chaired by over 30 professional health associations and violence prevention programs as well as five HHS offices including the Administration for Children and Families, the Agency for Healthcare Research and Quality, the Division of Violence Prevention, Centers for Disease Control and Prevention, the Indian Health Service and the Office on Women’s Health. We thank all of our federal colleagues and community partners for their continued support and collaboration to address the public health impact of domestic violence.

For almost two decades, our program has proudly supported the important work of Futures’ National Health Resource Center on Domestic Violence. The Health Resource Center serves as the nation’s clearinghouse for information on the health care response to domestic violence and provides training and technical assistance to thousands of people each year. Through their dedicated efforts over the years, and the partnerships they have fostered between health care providers and domestic violence advocates, we have seen widespread systems change in the way that victims of domestic violence are assisted by their health care providers. Health care providers and researchers have implemented practice protocols that include universal screening and education about domestic violence, and domestic violence programs and other social service organizations have increased referrals and collaboration with the health care providers in their communities.

While many victims of domestic violence may never enter into an emergency shelter, studies show that thirty-seven percent of victims of domestic violence talk to their health care provider about their experiences with abuse. It is imperative that all health professionals are aware of the prevalence of physical violence, rape and stalking and the health consequences for victims of these crimes, and are ready to offer assessment and brief counseling, immediate support, and make warm referrals to advocates in their community.

This conference provides a unique opportunity for all of us - researchers, health care providers, domestic violence advocates and policymakers - to address the intersections of health, housing, and intimate partner violence as we explore the latest research and innovative health prevention and clinical responses to address domestic and sexual violence. I look forward to our time together as an opportunity to learn, to collaborate and to build futures that foster the health, safety, and well-being of domestic violence survivors and their children everywhere.

Warm Regards,

Marylouise Kelley, PhD, Director
Family Violence Prevention & Services Program, Family & Youth Services Bureau
MEETING DISCLAIMER
Regarding materials and information received, written or otherwise, during the 2017 National Conference on Health and Domestic Violence: The scientific views, statements, and recommendations expressed during this continuing education activity represent those of the authors and speakers and do not necessarily represent the views of Futures Without Violence, conference co-chair organizations, or participating U.S. DHHS agencies.

NAME BADGES
Please remember to wear your name badge during all conference functions, including meals and reception. Only individuals with a valid name badge will be allowed into any Conference function. The back side of your badge includes key information, including instructions for attendees who paid the $50 fee to obtain CEU credits. Please note that Futures Without Violence staff will be wearing clearly marked “STAFF” badges.

SEATING FOR MEALS
Tabled seating is on a first-come, first-serve basis except where noted. We apologize for the inconvenience and ask for your support of our efforts to allow the maximum number of participants at this important event.

WORKSHOP SESSIONS
Space in workshop sessions is on a first-come, first-serve basis. Participants must choose alternative sessions to attend when specific workshop session rooms are filled to capacity. Because of the incredible interest in the Conference and efforts to allow as many participants as possible, we expect that many rooms will be filled to capacity. We suggest that participants interested in specific sessions arrive as early as possible to those rooms and be prepared to select alternative sessions.

DOMESTIC VIOLENCE RESOURCE NUMBERS
- National Domestic Violence Hotline: 800-799-SAFE (7233)
  TTY: 1-800-787-3224
- StrongHearts Native Helpline, 1-844-7NATIVE
  (1-844-762-8483) Monday-Friday, 9am-5:30pm CST. The StrongHearts Native Helpline is a culturally-appropriate, confidential service for Native Americans affected by domestic violence and dating violence.
- National Teen Dating Abuse Helpline: 866-331-9474;
  TTY: 866-331-8453
- Communities United Against Violence (CUAV) : 415-777-5500
  Founded in 1979, CUAV works to build the power of LGBTQ (lesbian, gay, bisexual, transgender and queer) communities to transform violence and oppression. We support the healing and leadership of those impacted by abuse and mobilize our broader communities to replace cycles of trauma with cycles of safety and liberation. As part of the larger social justice movement, CUAV works to create truly safe communities where everyone can thrive.
- W.O.M.A.N. Inc.: (415) 864-4722; (877) 384-3578
  Women Organized to Make Abuse Nonexistent, Inc. (W.O.M.A.N., Inc.) has operated since 1978 as a community-based, multi-service agency, serving survivors of domestic violence in San Francisco and the larger Bay Area.
- SF Women Against Rape Crisis Line: (415) 647-RAPE
  San Francisco Women Against Rape provides resources, support, advocacy and education to strengthen the work of all individuals, and communities in San Francisco that are responding to, healing from, and struggling to end sexual violence.
ACCESSIBILITY

- All restrooms in the NCHDV main conference space (Level B2) are gender neutral. Single occupancy restrooms are also available on the 5th Floor in most of the Sierra rooms.
- If you encounter an accessibility issue or need an accommodation, please flag down a Futures Without Violence staff person or visit the registration desk.
- A lactation room is located on Level B1 in Laurel, next to the FedEx Business Center.
- A self-care room for people to relax is located in Sierra E on the 5th floor. The garden deck on the 5th floor and the atrium lobby on the 2nd floor can be informally used as a meeting space and are open to the public.
- Free WiFi is available in the main lobby, but not in Conference spaces. You can purchase daily WiFi from the front desk. WiFi purchased in sleeping rooms does not carry down to the meeting space in the hotel.

TAKING CARE OF YOURSELF DURING THE CONFERENCE

Attending large conferences, in big hotels, that cover a range of topics with 1,000+ people can be uplifting and exciting, but also overwhelming. Take care of yourself while you’re here with us in San Francisco and let us know how we can support you!

HERE ARE SOME SUGGESTIONS:

- Take a break: Check out the Self-Care room located in Sierra E on the fifth floor with fun and relaxing goodies. The garden deck on the 5th floor and the atrium lobby on the 2nd floor may be informally used as a relax space and are open to the public.
- Get some fresh air: Check out Yerba Buena Gardens across from the hotel on Mission St. or walk east down Mission St. to the Embarcadero to stroll by the Bay, or a visit to the historic Ferry Building’s restaurants and shops.
- See some art: SF Museum of Modern Art (SFMOMA), the Contemporary Jewish Museum, Museum of the African Diaspora and the Yerba Buena Center for the Arts are all within a 1-2 block radius of the hotel.
- Hydrate + nourish: The hotel air is dry…bring a water bottle with you to workshops or stop by the Mission Street Pantry on the Lobby level of the hotel for a tea, coffee, or late night meal – open from 5am-Midnight every day. The hotel includes a free purified water bottle refill machine on the 2nd floor.
- Ground yourself: Wrap your arms around yourself and breath in slowly for three counts and out for three counts. Repeat 3 times.

ON SITE COUNSELOR

Thinking, hearing, and talking about violence and trauma can be triggering, difficult, and overwhelming. If you are interested in speaking to a counselor during this conference, please tell the registration desk or flag a Futures Without Violence staff person who is wearing a “STAFF” badge. We have trained domestic and sexual violence advocates/counselors on-site with whom you can speak in a private space.
SOCIAL MEDIA
Join the conversation on social media!

HASHTAG IT.
Don’t forget to use #NCHDV on your social media posts.

GET A SNAP.
Head to our photo booth at the Evening Celebration –
6:00pm-7:30pm on Wednesday, September 27th in Salon 9
- and share a photo with your digital community!

CONNECT WITH US.

facebook.com/FuturesWithoutViolence
@WithoutViolence
@FuturesWithoutViolence
JOIN US IN CELEBRATING CYNTHIA FRAGA RIZO, PHD
our 6th biennial Linda Saltzman New Investigator award recipient!

**The 6th biennial Linda Saltzman New Investigator Award**, collaboratively sponsored by Futures Without Violence, the Centers for Disease Control and Prevention (CDC) and Raliance, recognizes an outstanding new investigator with 2-10 years of experience working in the field of intimate partner violence, sexual assault, and teen dating violence.

**About Linda Saltzman, PhD**

Senior Scientist at the Centers for Disease Control and Prevention’s (CDC’s) Division of Violence Prevention, National Center for Injury Prevention and Control, Dr. Linda Saltzman connected research to policy and science to advocacy in ways that broke new ground, challenging the research community to explore violence and helping advocates base their work on science.

Dr. Saltzman worked at the CDC from 1984 until she died in 2005. While there, she initiated numerous studies that built understanding about the causes and consequences of domestic and sexual violence. Much of her work focused on public health surveillance of violence against women, and violence as it relates to pregnancy and other reproductive health issues. She helped develop and test uniform definitions for intimate partner and sexual violence, which have made data collection more effective. She became one of the CDC’s top experts on violence, and one of the violence prevention movement’s most trusted allies. A highly regarded expert, Dr. Saltzman authored and co-authored several groundbreaking studies including Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements.

**Cynthia Fraga Rizo, PhD** is an Assistant Professor at the UNC Chapel Hill School of Social Work. Dr. Rizo has dedicated her professional life to understanding the mechanisms of intimate partner violence, sexual assault, human trafficking and trauma with a focus on children and Latina and south Asian immigrants. As a dedicated practitioner of engaged scholarship, Cynthia has partnered with North Carolina Coalitions’ Against Domestic Violence’s (NCCADV) in training, services and research, and sharing her expertise on the effects of domestic violence on children and parenting. Her primary research focus consists of developing and evaluating interventions for particularly vulnerable intimate partner violence survivors, including Latinas, immigrants, and system-involved survivors. Dr. Rizo is currently working on a project to develop school-based sex trafficking content for students as well as protocols that schools can use to connect at risk youth and victims to needed community services. She has published more than twenty articles in refereed scholarly journals, teaches social work classes at UNC through the lenses of partner violence and trauma, and mentored and supervised the work of more than ten Master’s and Doctoral-level student scholars at the UNC School of Social Work.
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Ruby White Starr
Chief Strategy Officer, Casa de Esperanza
Representing: Casa de Esperanza
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- Academy on Violence and Abuse
- American Academy of Family Physicians
- American Academy of Nursing
- American Academy of Pediatrics
- American College of Nurse Midwives
- American College of Obstetricians and Gynecologists
- American Dental Association
- American Medical Association
- American Medical Student Association
- American Medical Women’s Association
- American Psychological Association
- Asian Pacific Institute on Gender-Based Violence
- Black Women’s Health Imperative
- Blue Shield of California Foundation
- California Coalition Against Sexual Assault
- Casa de Esperanza
- Family Violence Prevention Caucus of American Public Health Association
- Gay and Lesbian Medical Association
- HEAL Trafficking
- Institute on Domestic Violence in the African American Community
- International Association of Forensic Nurses
- Kaiser Permanente
- National Alliance to End Sexual Violence
- National Association of Social Workers
- National Center on Domestic Violence, Trauma & Mental Health
- National Coalition of Anti-Violence Programs
- National Health Collaborative on Violence and Abuse
- National Indigenous Women’s Resource Center
- National Network to End Domestic Violence
- National Resource Center on Domestic Violence
- Pan American Health Organization
- Positive Women’s Network
- Prevention Institute
- Society for Adolescent Health and Medicine
- Society of General Internal Medicine
- The Northwest Network
- World Health Organization

PARTICIPATING FEDERAL AGENCIES
(Under the U.S. Department of Health and Human Services)

- Division of Violence Prevention, Centers for Disease Control and Prevention
- Family Violence Prevention & Services Program, Administration for Children and Families
- Office of Women’s Health, Health Resources and Services Administration
- Office on Women’s Health
- Indian Health Service
- U.S. Department of Veterans Affairs

The Conference is a program of Futures Without Violence’s National Health Resource Center on Domestic Violence. The Center is funded by a grant from the Family Violence Prevention & Services Program, Family & Youth Services Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.
WE’RE ALL IN THIS TOGETHER.

At Kaiser Permanente, we don’t see health as an industry. We see it as a cause. And one that we very much believe in. We’d like to extend our heartfelt appreciation to Futures Without Violence for all of their effort and hard work. Our doors, hearts and minds are always open to help every last one of you thrive. Learn more at kp.org/domesticviolence.
ABOUT THE NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE

For more than twenty years, FUTURES has been home to the National Health Resource Center on Domestic Violence with support from the Administration for Children and Families, U.S. Department of Health and Human Services. The National Health Resource Center on Domestic Violence has supported health care practitioners, administrators and systems, domestic violence experts, survivors, and policy makers at all levels as they improve health care’s response to domestic violence and offers:

- Personalized technical assistance via email, phone, web, mail and face-to-face at conferences and meetings.
- Free, downloadable health care information focusing on various specialties, populations and key issues. These include fact sheets, model programs and strategies, bibliographies and policies.
- Educational and clinical tools for providers and patients including clinical practice recommendations for adult and child health settings; papers on health privacy principles, and coding and documentation strategies; training videos; comprehensive resource and training manuals; clinical reference tools; and patient education materials.
- An E-Bulletin highlighting innovative and emerging practices in addition to well-documented and rigorously evaluated interventions.
- Models for local, state, tribal and national health care and domestic violence policy making.
- A webinar series with expert presenters, and cutting edge topics.
- Tools, strategies and personalized assistance to help health care professionals and advocates join the annual Health Cares About Domestic Violence Day, which is dedicated to raising awareness about abuse among health care professionals the second Wednesday of October every year.
- www.ipvhealth.org providing background information on the health impact of violence and abuse, as well as tools and resources for establishing partnerships between domestic violence agencies and health settings.
- A step by step toolkit, www.ipvhealthpartners.org designed to address intimate partner violence by and for community health centers in partnership with domestic violence programs.

How to access materials:

Available as PDF downloads or hard copies (as available): visit www.futureswithoutviolence.org/health select “resources” and click “order materials”. All material downloads are free, while hard copies require a flat $10 shipping fee.

National Health Resource Center on Domestic Violence

www.futureswithoutviolence.org/health | www.ipvhealth.org

415-678-5500 | TTY: 866.678.8901 | health@futureswithoutviolence.org
NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE

SAFETY CARD TOOLS

An evidence-based intervention to promote healthy relationships and empower survivors of domestic and sexual violence

Futures Without Violence’s National Health Resource Center on Domestic Violence offers an array of unique multilingual, low-literacy patient education safety cards that provide information on healthy and unhealthy relationships, their impact on health and list national referrals for support. The evidence-based safety card tool was developed to help clinicians and domestic violence/sexual assault (DV/SA) advocates open conversations about DV/SA and healthy relationships with their clients. The cards are a 4-5 panel double-sided tool that folds into a 2.5 x 3 inch card (business-card sized).

In partnership with health care providers, advocates and survivors of domestic and sexual violence, we have developed more than twenty safety cards including:

**Setting Specific and Topical**
- Adolescent Health
- Adverse Childhood Experiences
- Behavioral Health
- HIV
- Home Visitation
- Pediatrics
- Perinatal Health
- Primary Care (General Health)
- Reproductive Health

**Population Specific**
- American Indian/Alaska Native
- College Campus
- Hawaiian Communities
- HIV+
- Lesbian, Gay, Bisexual, Questioning (LGBQ)
- Parents
- Pregnant or parenting teens
- Transgender/Gender Non-conforming
- Women across the lifespan
- *and coming soon...* a new card for Muslim youth

**By language**
- All cards are available in English and most are also available in Spanish.
- Our Primary Care (General Health) safety card is available in the following languages: Chinese, Tagalog and *coming soon:* Vietnamese, Korean, Armenian and French

To view and order all of our safety cards visit [www.futureswithoutviolence.org/health](http://www.futureswithoutviolence.org/health), scroll down to “resources” then click “order material.” Materials may be downloaded digitally as PDF files or ordered as hard copies (available for some). All downloads are free, while hard copies require a flat $10 shipping fee.
Futures Without Violence launched two new websites that are designed to be digital hubs for establishing partnerships between domestic violence agencies and health care settings across the U.S. The first, www.ipvhealth.org, provides background information on the health impact of violence and features tools and resources (some featured below) for establishing a sustainable partnership between domestic violence agencies and health settings. The second, www.ipvhealthpartners.org was developed by and for community health centers partnering with domestic violence programs, and serves as a step-by-step guide on how to collaborate and better meet the health needs of domestic violence/sexual assault survivors.
CONTINUING EDUCATION

PHYSICIANS AND RESIDENTS

Futures Without Violence’s National Health Resource Center on Domestic Violence is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians – MDs, DOs and residents. This Conference meets qualifications for approximately 17 credits of Continuing Education (CEs). Futures Without Violence takes responsibility for the content, quality, and scientific integrity of this activity.

PSYCHOLOGISTS, NURSES, SOCIAL WORKERS, ATTORNEYS AND CERTIFIED ALCOHOL AND DRUG COUNSELORS

IVAT is approved by the American Psychological Association (APA) to sponsor continuing education for psychologists. IVAT maintains responsibility for this continuing education program and its content. This Conference meets the qualifications for up to 20.25 hours of continuing education credits for MFTs, LPCCs, LEPs and/or LCSWs as required by the California Board of Behavioral Sciences. The CA BBS continues to recognize the APA as an approved provider of CEs for LCSWs, LMFTs, LPCCs, and LEPs. IVAT is approved by the California Board of Registered Nurses to offer continuing education for nurses (CEP #13737). IVAT is approved by the State Bar of California to offer Minimum Continuing Legal Education for attorneys (#11600). IVAT is approved by the California Association of Alcoholism & Drug Abuse Counselors (CAADAC) to offer continuing education for certified alcohol and drug counselors (Provider #1S-03-499-0217). CE credits approved by CA agencies are accepted in most states.

For information on continuing education provided by IVAT please contact patricias@ivatcenters.org. For information on CEs provided through the ACCME (MDs and DOs) contact mpagan@futureswithoutviolence.org.

Attendees are responsible for verifying the acceptance of education units with their respective accreditation boards.

HOW TO RECEIVE CONTINUING EDUCATION CREDITS:

- For each day of the conference, attendees who paid the $50 CEU fee must sign the attendance sheet located at the CEU desk, near the registration desk on level B2. If an attendee does not sign the attendance sheet, the assumption will be made that a full-day absence has occurred for the sheet not signed.

- Those attendees seeking CEs through IVAT (Psychologists, Nurses, Social Workers, Attorneys, Certified Drug and Alcohol Counselors) must complete daily CE packets, which you can pick up at the CEU desk.

- During and after the Conference, each attendee who paid the CEU fee will receive an email that will include a link to an online evaluation. During this online process, the system will ask for your email address (used during the online Conference registration process) to log in. Once you have logged in to the online system, you will select the workshop(s) you attended during the Conference and fill out an evaluation for each of those workshops.

- Evaluations will be made accessible online after each workshop ends. Once the online evaluation process is complete, you will then have the opportunity to complete an overall evaluation for the entire Conference, which will be made available when the Conference ends on September 28th. Continuing education certificates will be released only after completing this overall evaluation.

NOTE: Only attendees who have paid the $50 CEU fee will receive the link to the online CEU evaluation forms. If you would like to receive CEUs and have not yet paid the fee, please stop by the registration desk during the Conference.
## WORKSHOP TRACKING FOR CEUS

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CONNECT WITH ONE OTHER AT THE CONFERENCE!

HOSTED NETWORKING ACTIVITIES

**Know Your IX and Academy on Violence and Abuse Mixer for Students**
Tuesday, September 25th at 5:00pm-7:00pm
Jillian’s, 175 4th St. San Francisco, CA

Come together with other students and professionals working in the field! With our co-sponsors Know Your IX and the Academy on Violence and Abuse, we will be treating you to light food, fun and a chance to meet and mingle.

Walking Directions: Exit the hotel on 4th street and turn left. Walk down two blocks and Jillian’s is on the left side of the street (same side as the SF Marriott Marquis)

**Building Collective Action**
Throughout the Conference

Throughout the Conference and at the evening reception, let’s come together to build some collective consciousness! Please add where you are coming from on the world map that will be displayed, and other responses to prompts that you will see posted around the Conference space!

**15 Minute Mentorship and Speed Coaching**
Wednesday, September 27th at 10:40-12:00pm

Futures Without Violence and the Steering Committee for the National Conference on Health and Domestic Violence are pleased to host Conference attendees in a speed coaching session with leaders in the fields of domestic/sexual violence and health. These coaching sessions required pre-registration and are now filled. If you signed up for a session, please refer to your email from Jasmine Manalo with further instructions. Unfortunately, we cannot accommodate drop-ins for this activity.

**Poster Walk and Talk**
Wednesday, September 27th at 2:45-3:30pm

This session provides an opportunity for Steering Committee members to lead a small group in the Exhibit Hall to view posters on a specific topic of expertise. Please see the Registration desk for more information if you did not already pre-register.

**EVENING CELEBRATION**
Wednesday, September 27th at 6:00pm-7:30pm
San Francisco Marriott Salon 9 Free!

Get together with other conference attendees for light appetizers, drinks, and fun. Featuring local Bay Area favorite, DJ heyLove*, artisan vendors, a photo booth and more!

*DJ heyLove* grew up in the Bay Area surrounded by different cultures, ethnicities, and art. Influenced by this diversity she developed a love for variety, which is reflected in her taste for music.

With musical performance from Crosspulse! Crosspulse is a non-profit arts organization dedicated to the creation, performance and recording of rhythm-based, intercultural music and dance.
4 HOPE #WhatIsNonPhysicalDomesticViolence - 48% of women reading this have experienced, or will experience some form of Non Physical Domestic Violence. #WhatIsNonPhysicalDomesticViolence is a quick action and innovative initiative, in building awareness that domestic violence need NOT be physical to be violent and dangerous. We aim to spark a national dialogue, one that is critical to longer-term progress and revolutionary recognition. Millions of women are severely affected by NPDV. The hashtag enables women to tweet about how they have been hurt with NPDV, thereby defining it. Alongside their tweets, we name and define the corresponding forms of NPDV like gaslighting, cyberstalking, betrayal trauma, and more.

HOME TRUTH: a documentary film about Jessica Lenahan (Gonzales), her U.S. Supreme Court and human rights case, and her journey from domestic violence victim to human rights activist - In 1999, Colorado mother Jessica Gonzales’ three daughters are murdered after her estranged husband abducts them in violation of a domestic violence restraining order. Jessica sues the police for not enforcing her restraining order despite her multiple calls for help, pursuing her case to the Supreme Court and an international human rights tribunal. Home Truth chronicles Jessica’s tireless fight to create change for domestic violence victims as she copes with trauma from her girls’ deaths and strives to heal her relationship with her only surviving child. Visit our table to watch the trailer and book a screening for your organization.

San Francisco Domestic Violence Consortium - Emerging from the movement to end violence against women, the San Francisco Domestic Violence Consortium is dedicated to eliminating domestic violence and ensuring the basic rights of safety, self-determination, and well-being to victims and survivors of domestic violence and their children.

Journeyworks Publishing - Since 1995, thousands of violence prevention agencies have relied on pamphlets and other materials from Journeyworks Publishing to help them promote healthy relationships. Our pamphlets are filled with positive encouragement and practical examples that have been extensively reviewed by violence prevention professionals and the populations they serve. We engage readers with catchy titles, easy-to-read text, and colorful, inclusive illustrations. All our materials carry a 100% guarantee, and we can brand them with your logo and contact information to help your clients stay in touch.

Kaiser Permanente - Kaiser Permanente (KP) is recognized as one of America’s leading health care providers, currently serving 11.8 million members in eight states and the District of Columbia. Over the past decade, the KP Family Violence Prevention Program has made inquiry, recognition, and intervention for domestic violence part of everyday care. Each medical center has a clinician-led multidisciplinary team that facilitates local adoption of our 4-part Systems Model which includes partnerships with domestic violence advocacy organizations. Our comprehensive approach includes tools in the electronic health record, quality metrics, and performance improvement methodology. Learn more at kp.org/domesticviolence.

One Heart-One Love-One Spirit - Educational community outreach organization supporting individuals and the community at large in promoting awareness as the key to harmonious living.

Office for Victims of Crime - The mission of OVC is to enhance the Nation’s capacity to assist crime victims and to provide leadership in changing attitudes, policies, and practices to promote justice and healing for all victims.

The Alliance for Eating Disorders Awareness - The Alliance for Eating Disorders Awareness is a nonprofit organization providing programs and activities aimed at outreach, education, and early intervention for all eating disorders. We raise awareness, promote access to care, and offer support services for those affected by eating disorders. We provide workshops and presentations, free support groups, referrals, advocacy for eating disorders/mental health legislation, a national toll-free phone help line, and our interactive site for self-directed treatment search @ www.findedhelp.com. In addition, our Psychological Services Program in West Palm Beach offers lost cost outpatient eating disorder treatment to those demonstrating financial hardship. www.allianceforeatingdisorders.com (866) 662-1235
The Latina Center – Mental health services can reduce the impact of domestic violence, yet high quality, culturally relevant programs are limited and service utilization rates among immigrant Latina women low. Social support - an important protective factor for women experiencing domestic violence helping survivors mend vulnerable social networks – is an important part of The Latina Center’s work. De Casa en Casa (From House to House) is a home visitation program providing immigrant Latina women with early intervention, peer support, and linkages to local resource. Trained Family Educators conduct home visits, share personal testimonies, deliver information about domestic violence, and increase access to care.

Until There’s A Cure Foundation - Until There’s A Cure® is a national organization dedicated to eradicating HIV/AIDS by raising awareness and funds to combat this pandemic. Our goal is to fund prevention education, care services, and vaccine development, and to increase public awareness of AIDS.

WEST LOVE - WEST LOVE Color and Culture is the premiere community artisan visual arts exhibitor of linen and silk cultural artwear and textiles for the purpose of enhancing cultural awareness, valuing cultural diversity, encouraging educational equity and promoting cultural competency.

W.O.M.A.N. Inc. - Women Organized to Make Abuse Nonexistent, Inc. (W.O.M.A.N., Inc.) has operated since 1978 as a community-based, multi-service agency, serving survivors of domestic violence in San Francisco and the larger Bay Area.

La Casa de Las Madres - The mission of La Casa de las Madres is to respond to calls for help from domestic violence victims, of all ages, 24 hours a day, 365 days a year. We give survivors the tools to transform their lives. We seek to prevent future violence by educating the community and by redefining public perceptions about domestic violence.

Debbie’s Novelties
Debbie Wilson (Mescalero Apache) is the owner of Debbie’s Novelties. She sells personalized angels, dolls, beadwork and holiday earrings.

Vivian Kirk Jewelry
Vivian Kirk (Navajo) has made beadwork jewelry for more than fifty years, having been taught by her aunt. She makes earrings, necklaces, bolo ties and other jewelry. Now retired, Vivian enjoys spending time with her family and grandchildren in Northern California where she has lived for more than fifty years.

Lillian & Mildred Jackson Native American Arts and Crafts
Lillian and Mildred Jackson (Caddo) are a mother and daughter team who make a variety of Native American arts and crafts including beadwork pins and earrings, original watercolor note cards, baby shoes and bunting, and more. Mildred is originally from Oklahoma and today they both reside in Northern California.

Futures Without Violence resource tables:

National Health Resource Center on Domestic Violence – Resources for health providers, advocates and survivors to address survivor health and wellness and promote healthy relationships. ipvhealth.org

Workplaces Respond to Domestic and Sexual Violence: A National Resource Center (Workplaces Respond) educates and builds collaborations among workplace and non-workplace stakeholders – employers, worker associations, unions, and anti-violence advocates – to prevent and respond to domestic violence, sexual violence, trafficking, stalking, and exploitation impacting the workplace. workplacesrespond.org

That’s Not Cool - That’s Not Cool partners with young people to help raise awareness and bring education and organizing tools to communities to address dating violence, unhealthy relationships, and digital abuse. thatsnotcool.org
Pre-Conference Institutes are designed by the 2017 Conference Steering Committee and Futures Without Violence staff. The Institutes highlight the critical components of clinical and system responses to family violence for specific settings as well as policy, research and educational approaches to violence prevention within the health care context. Presenters share comprehensive materials and critical teaching strategies that enhance learning.

### MORNING INSTITUTES

8:30am-12:00pm

- Trauma-informed and Resilience-Promoting Care: Beyond the Buzz | Salon 1-2
- Power to Transform: Future Directions in Inter-professional Health Education on Violence and Abuse — Academy on Violence and Abuse | Salon 5-6
- Connected Parents, Connected Kids: A Training Curriculum on ACEs, DV and Child Trauma | Salon 8
- Supporting LGBTQ Survivors of Violence: Creating Inclusive and Responsive Services in Health & Advocacy Services | Salon 12-13
- Creating Community Solutions to Support Older Survivors of Violence | Salon 10-11
- Beyond Screening: Responding to DSV in Health Settings, A Training of Trainers | Salon 3-4
- Domestic Violence and Health Care Partnership - Final Convening — By Invitation for DVHCP Grantees | Salon 14-15
- College Sexual Assault Policy and Prevention Initiative Grantee Meeting — By Invitation for Initiative Grantees | Sierra J – 5th Floor
- Futures Without Violence Campus Leadership Fellows 2017 Meeting — By Invitation for Campus Fellows | Sierra I – 5th Floor

### LUNCH

12:00pm-1:00pm | Salon 9

### AFTERNOON INSTITUTES

1:00pm-4:30pm

- Liberation and Race Equity Practice Space: Health and Anti-Violence Organizations As Agents of Change | Salon 10-11
- Addressing Intimate Partner and Sexual Violence in Campus Health Settings: Using a Research-Informed Clinical Intervention to Promote Prevention, Support Survivors, and Transform Campus Culture | Salon 12-13
- Labor Trafficking and Sex Trafficking: A Public Health & Human Rights Challenge | Salon 5-6
- The Changing Landscape of Health Policy and its Impact on Domestic Violence Prevention and Response | Salon 3-4
- Sports for Social Change: Avenues for Preventing Violence | Sierra J – 5th Floor
- Thinking about Trauma, Opioid/Substance Use and Domestic/Sexual Violence: Exploring Trauma-Informed Strategies to Support Survivor Health, Wellbeing and Safety | Salon 8
- The Intersections of Domestic Violence, Housing Instability, and Health: Implications for Practice, Policy, and Partnerships | Salon 1-2
MORNING PRE-CONFERENCE INSTITUTES

8:30am-12:00pm

Trauma-informed and Resilience-Promoting Care: Beyond the Buzz | Salon 1-2

Trauma informed care is all the buzz. How can we prepare our personnel, our facility and create patient care policies and guidelines that effectively put in place a trauma informed and resilience promoting approach? How do we better address interpersonal violence and trauma through societal and structural level change without getting overwhelmed? How do we create patient engagement that is more meaningful and empathetic for our patients and their families? What do we do to get started, and what tools are there to help sustain such change in patient care, amongst our staff and throughout our systems.

PARTICIPANTS WILL:
1. Define both individual and collective trauma and its impacts on health.
2. Describe why an understanding of trauma and resilience is important for your organization’s work.

FACULTY:
Ken Epstein, PhD, San Francisco Department of Public Health
Leigh Kimberg, MD, University of California, San Francisco
Annie Lewis O’Connor, PhD, NP-BC, MPH, Harvard Medical School
Carole Warshaw, MD, National Center on Domestic Violence, Trauma & Mental Health

Power to Transform: Future Directions in Interprofessional Health Education (IPE) on Violence and Abuse | Salon 5-6

As healthcare advances, here in the U.S. and across the globe there is an increasing understanding that healthcare professionals need to be able to work effectively in teams to optimize the outcomes of the care they provide to individuals, families and communities. Center for the Advancement of Interprofessional Education (CAIPE1997) defines IPE as “Occasions when two or more professions learn with, from and about each other to improve collaboration and quality of care”. Effective implementation of IPE within healthcare to address violence and abuse requires a strategic approach to ensure sustainability and longevity. This half day Pre-Conference Institute will present five innovative Interprofessional Education initiatives on violence and abuse from various interprofessional perspectives.

PARTICIPANTS WILL:
4. Be able to describe the concepts of Interprofessional Education (IPE) within healthcare on violence abuse.
5. Be able to learn the knowledge, skills and attitudes needed for a successful IPE on violence and abuse.
6. Be able to develop their own plans to implement IPE in their institutions.

FACULTY:
David Schneider, MD, MSPH, University of Texas Southwestern
Kathleen M. Franchek-Roa, MD, University of Utah School of Medicine
Audrey A. Jiricko, MD, Intermountain Healthcare
Victor Vieth, JD, MA, Gundersen National Child Protection Training Center
Martina Jelley, MD, MSPH, University of Oklahoma School of Community Medicine
Marie E Gill, PhD, RN, University of Memphis, Loewenberg College of Nursing
Julie E Miller-Cribbs, MSW, PhD, University of Oklahoma School of Social Work
Leigh Ann Breckenridge, DNP, BSN, University of Memphis, Loewenberg College of
Elaine Alpert, MD, MPH, Senior Global Health Fellow, Massachusetts General Hospital

Co-Sponsored by Academy on Violence and Abuse
Connected Parents, Connected Kids: Moving from ACEs Scores to Building Family Resilience | Salon 8

Futures Without Violence has expanded and applied its evidenced based intervention for domestic violence and broadened it to engage parents and caregivers about the impact of trauma exposures including Adverse Childhood Experiences (ACEs). Too often issues of domestic violence and other trauma are relegated to a screening checkbox and refer-strategy—reducing opportunities for early intervention and primary prevention.

CPCK offers tools for health care and early childhood settings to facilitate conversations with parents who may need support for past trauma experienced in their own childhood. Included are self-regulation strategies parents can initiate with their children. Additionally, FUTURES recognizes exposures to trauma are a common experience shared by both providers and their clients. Our training sets the stage for helping systems think about a reset button. What if we approached providing the best care for the families exposed to trauma through trauma informed organizational practices as the first step?

PARTICIPANTS WILL:
1. Name two strategies for perinatal/early childhood case management settings that support creating a trauma informed workplace policy that highlights the importance of self-care.
2. Understand the impact of trauma (ACEs, racism, domestic violence) on the health and well-being of children and families including parent/child relationships.
3. Identify a universal education strategy that enhances resiliency for caregivers to help them and their children self-regulate and heal from trauma.

FACULTY:
Rebecca Levenson, MA, Rebecca Levenson Consulting

Supporting LGBTQ Survivors of Violence: Creating Inclusive and Responsive Services in Health & Advocacy Services | Salon 12-13

Queer and trans people experience violence at rates higher than cisgender or heterosexual people; therefore, it is critical that health care providers and advocates ensure that their practice is culturally inclusive, and that they are talking to all of their patients/clients about the effects that intimate partner violence can have on health. In this institute, participants will think together about important changes that need to be made to institutionalize procedure and practice, with particular emphasis on being responsive to and centering transgender and gender non-conforming people and bisexual women. Participants will leave the session with concrete strategies to improve their individual and organizational practices.

PARTICIPANTS WILL:
1. Be able to promote the leadership of queer and trans community organizations who are working to support survivors.
2. Be able to make changes to organizational structure in order to be more inclusive of queer and trans survivors.

FACULTY:
Lidia Salazar, Community United Against Violence (CUAV)
Nefertiti Asanti, Community United Against Violence (CUAV)
Kate Vander Tuig, Futures Without Violence


Creating Community Solutions to Support Older Survivors of Violence | Salon 10-11

A new generation of older adults has arrived: a stage that will last some 20 – 30 years past 70. Join national – renowned elder abuse experts for a lively and interactive discussion on elder abuse, domestic violence in the older adult population, prevention and caregiver supports, and the cultural needs of communities of color and LGBT population and balancing autonomy and safety. They’ll explore cases and controversies, community collaborative responses, and the practical ways to help older people who are at risk or victimized.

FACULTY:
Lidia Salazar, Community United Against Violence (CUAV)
Nefertiti Asanti, Community United Against Violence (CUAV)
Kate Vander Tuig, Futures Without Violence

participants will be able to train providers on how to talk with
patients about healthy vs. unhealthy relationships and their impact
on patient health. This session is for advocates, providers, social
workers and others who are interested in offering a 1-3 hour
training on addressing DSV to providers in their community.

PARTICIPANTS WILL:
1. Describe the rationale for a trauma-informed approach to IPV
assessment in health settings.
2. Identify strategies for integrating universal education and brief
counseling interventions into health care settings.
3. Name elements of clinic-level changes to promote trauma-
informed approaches to IPV assessment.

FACULTY:
Elizabeth Miller, MD, PhD, FSAHM, Children’s Hospital of
Pittsburgh of UPMC
Co-sponsored by the University of Pittsburgh School of Medicine
Domestic Violence and Health Care Partnership Final
Convening [By Invitation Only] | Salon 14-15
The Domestic Violence and Health Care Partnership (DVHCP)
Institute is a final convening and celebration for all DVHCP
grantees. This session will showcase innovative strategies for
addressing and improving systemic response to DV and health
in California, while celebrating successes of the DVHCP, lessons
learned, and new directions moving forward. This initiative and
institute is made possible by the support of the Blue Shield of
California Foundation.

PARTICIPANTS WILL:
1. Inspire and celebrate leadership in DVHCP communities to
sustain partnerships between the health and domestic violence
fields.
2. Promote collaborative learning and increased knowledge.
3. Celebrate successes of the DVHCP, lessons learned and new
directions moving forward.

FACULTY:
Anisa Ali, MA, Futures Without Violence
Jennifer Haddad, MTP, Futures Without Violence
Virginia Duplessis, MSW, Futures Without Violence
Co-Sponsored by Blue Shield of California Foundation

Beyond Screening: Addressing DSV in Health Settings, a
Training of Trainers | Salon 3-4
In this training of trainers, participants will learn how to facilitate
and lead a training for providers on how to address domestic and
sexual violence (DSV) in health settings. Because of the many
poor health outcomes of experiencing DSV, health providers play
a crucial role in promoting survivor health and DSV prevention.
Though many health systems and clinics have screening tools
built into their intake or electronic health record, studies show that
these screening tools are largely ineffective if they are not a
part of an integrated intervention. Using the CUES (Confidentiality,
Universal Education, Support) evidence-based approach,
College Sexual Assault Policy and Prevention Initiative Grantee Meeting (By Invitation Only) | Sierra J – 5th Floor
This is a closed meeting for grantees of the OWH College Sexual Assault Policy and Prevention Initiative.

FACULTY:
Casey Corcoran, MAT, Futures Without Violence

Co-Sponsored by the US Department of Health & Human Services, Office on Women’s Health

Futures Without Violence Campus Leadership Fellows 2017 Meeting (By Invitation Only) | Sierra I – 5th Floor
FUTURES’ Campus Leaders Fellowship program convenes graduate-level students from across the country looking to make a difference on their campuses. Each year, a cohort of students from a diverse range of health care fields—including medicine, nursing, public health, social work, and more—are selected to participate in the program.

FACULTY:
Lisa Sohn, MSc, Futures Without Violence

AFTERNOON PRE-CONFERENCE INSTITUTES
1:00pm-4:30pm

Liberation and Race Equity Practice Space: Health and Anti-Violence Organizations as Agents of Change | Salon 10-11
Because racism and all forms of oppression use violence as both a means and an end to perpetuate inequity, it is crucial that our anti-violence movements center liberation and work toward race equity personally, within our organizations, and in our communities. Join this pre-conference institute to think with your colleagues about ways in which health providers and advocates can advance racial equity within their setting.

PARTICIPANTS WILL:
1. Draw on collective consciousness and action to identify strategies that will better assist staff to able to fight White supremacy in their organizations, health settings, and greater communities.
2. Address the barriers that keep individuals and organizations from having courageous conversations about racism and dismantling oppression.

FACULTY:
Monica McLemore, PhD, MPH, RN, University of California San Francisco

Addressing Intimate Partner and Sexual Violence in Campus Health Settings: Using a Research-Informed Clinical Intervention to Promote Prevention, Support Survivors, and Transform Campus Culture | Salon 12-13
Campus health centers play a crucial role in a comprehensive, campus-wide response to intimate partner and sexual violence (IPV/SV). This session will provide tools and resources for staff working within or in partnership with campus-based health settings to incorporate IPV/SV into their work. By creating a clinic environment where students have the opportunity to talk about healthy relationships and consensual sexual activity, as well as disclose experiences of violence, we are helping create a safe and supportive campus culture that does not tolerate violence. The presenter will outline best practices learned by campus health centers which have begun to implement a comprehensive IPV/SV protocol that includes staff training, routine assessment as part of clinical encounters, and partnership with local victim services organizations. Participants will have the opportunity to practice using evidence-based tools, troubleshoot potential barriers, and create an action plan with next steps to improve their program’s prevention and response strategies.
PARTICIPANTS WILL:
1. Discuss the prevalence of IPV/SV on campuses and identify barriers to survivors accessing services.
2. Implement a universal safety card-based intervention to prevent and respond to IPV/SV within their campus health center.
3. Identify next steps in preparing their campus health center to address IPV/SV.

FACULTY:
Elizabeth Miller, MD, PhD, FSAHM, Children's Hospital of Pittsburgh of UPMC

Labor Trafficking and Sex Trafficking: A Public Health & Human Rights Challenge | Salon 5-6
Human trafficking affects the health, development, and human rights of millions of vulnerable people in the United States and globally each year. Forced labor represents a large percentage of global human trafficking incidents, including in the U.S.; yet survivors of labor trafficking are often overlooked in discussions about human trafficking. And while labor trafficking and sex trafficking are not the same, they can co-occur and intersect in various and complex ways. This institute will increase understanding of the many dimensions of labor and sex trafficking and develop specific actions steps that health professionals and advocates can take to address the problem. Through brief didactic presentations and interactive discussions, this pre-conference will provide an overview of trafficking from a public health perspective; explore the role of clinicians in the health care setting and in forging community partnerships; review promising practices for prevention and treatment; and highlight proposed policy solutions.

PARTICIPANTS WILL:
1. Identify the risk and protective factors of labor and sex trafficking to help prevent the exploitation of youth and adults.
2. Discuss strategies to prevent and provide care for survivors/patients who have been trafficked.
3. Develop specific action steps that health professionals and advocates can take to effectively collaborate to prevent and respond to labor and sex trafficking in their communities.

Faculty:
Elena Dineen, JD, Futures Without Violence
Kimberly Chang, MD, MPH, Asian Health Services
Sharan Dhanoa, JD, South Bay Coalition to End Human Trafficking
Susie Baldwin, MD, MPH, Los Angeles County Department of Public Health
Hamida Yusufzai, BA, Bantei Srei
Holly Gibbs, Dignity Health
Saerom Choi, Asian Pacific Islander Legal Outreach
Arami Youn, JD, Asian Pacific Islander Legal Outreach

Co-Sponsored by HEAL Trafficking; National Human Trafficking Training and Technical Assistance Center (NHTTAC)

The Changing Landscape of Health Policy and its Impact on Violence Prevention and Response | Salon 3-4
Federal and state health policy is rapidly transforming how survivors and their families get health insurance and access health care services. For many survivors of domestic violence and their children, access to health care services is a vital part of healing and self-determination; health care has also played a vital role in prevention. This institute will focus on new federal and state policy developments, how they may impact access to health insurance, and advocacy strategies to promote policies that ensure access to comprehensive care and coverage for survivors and their children, including immigrant survivors, and a continued commitment to preventive services.

PARTICIPANTS WILL:
1. Better understand the direction federal policy is taking on health care and likelihood of further action.
2. Better understand the status of specific provisions in the Affordable Care Act and Medicaid that affect survivors of domestic and sexual violence.
3. Learn about innovative practices in states to improve policy and care for victims of domestic violence.

FACULTY:
Lena O’Rourke, MPP, O’Rourke Health Policy Strategies
Kiersten Stewart, MA, Futures Without Violence

Sports for Social Change: Avenues for Preventing Violence | Sierra J – 5th Floor
Prevention practitioners and advocates have identified sport as a powerful avenue through which to implement violence prevention education programming and reach thousands of young people. In addition, sport is also a powerful social influencer that can reflect and reinforce the values, norms, and behaviors that create the conditions where violence no longer occurs. This pre-conference institute will explore why and how sport is a critical system to engage in teen dating violence and sexual violence prevention.

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Domestic and sexual violence (DSV) can have significant consequences on mental health, including substance use disorders. The disproportionate impact of the opioid epidemic on families raises important considerations in the treatment and care of survivors of violence. Yet the systems to which survivors and their children turn are frequently unprepared to address the issues they face in trying to access safety and heal from the traumatic effects of abuse. This institute will: offer a framework to understand and navigate the intersections between opioid/substance use dependency and DSV through research and practice; identify important directions for practical responses across health sectors and within DSV programs. We will also discuss pregnancy and opioid use and experiences for urban, rural, American Indian/Alaska Native communities, and people living with HIV/AIDS. Participants will leave with a deeper understanding of the issues that arise at this intersection and strategies to respond in a trauma-informed way.

PARTICIPANTS WILL:

1. Be able to explain the intersecting relationships between substance use, mental health and intimate partner violence, as well as how it affects survivor health, wellness and safety.
2. Be able to describe how this framework can be applied to assessment, safety planning or treatment and referral.
3. Be able to name 3 practical setting-specific strategies for responding to survivors dealing with substance use dependency, trauma and D/SV.

BY ANALYZING THE CONNECTIONS BETWEEN HEALTH, SAFETY, INJURY AND VIOLENCE PREVENTION, AND SPORTS MEDICINE, WE WILL SURFACE OPPORTUNITIES TO BRIDGE THE WORK OF THE HEALTH PRACTITIONERS AND VIOLENCE PREVENTION ADVOCATES TO LEVERAGE THE POSSIBILITIES OF VIOLENCE PREVENTION IN AND THROUGH THE SPORT SYSTEM.

PARTICIPANTS WILL:

1. Identify why and how to leverage sports as a platform for social change and spreading violence prevention.
2. Analyze opportunities in sports/athletic environments to promote health and safety via partnerships with coaches, schools, and communities for athlete education, connections with sports medicine and injury prevention efforts for screening and intervention.
3. Cite examples of schools, communities, and athletic leagues (school, college, professional) leveraging sports to improve health and injury prevention outcomes. Apply what they’ve learned in both their personal community and professional capacity.

FACULTY:
David Lee, MPH, California Coalition Against Sexual Assault
Yesenia Gorbea, MSW, Futures Without Violence
Lindsay McDaniel Mapp, RALIANCE
Brian O’Connor, MS, Futures Without Violence
Paul Mulbah Jr., BS, University of Pittsburgh Children’s Hospital

Co-Sponsored by California Coalition Against Sexual Assault and RALIANCE

Thinking about Trauma, Opioid/Substance Use and Domestic/Sexual Violence: Exploring Trauma-Informed
This pre-conference institute will examine the intersections of domestic and sexual violence and housing and homelessness, including a focus on the critical role of housing in survivors’ physical and mental health and well-being. Faculty will highlight best practices for providing culturally-relevant and trauma-informed housing services and advocacy; lessons learned from program models developed by and for people of color, LGBTQ people, youth, and people at the intersections of these identities; and challenges and opportunities related to policy and practice issues. Using case examples, interactive problem-solving, and small group discussions, participants will learn about and build skills to implement innovative strategies for providing housing and housing-related support, as well as cross-sector partnerships (between advocates, healthcare providers, and housing providers) to improve housing options for all survivors.

**PARTICIPANTS WILL:**

1. Have increased knowledge about the relationship between domestic and sexual violence, housing and homelessness, and physical and mental health - including the particular impacts on and needs of people of color, LGBTQ people, youth, and people at the intersections of these identities.

2. Be able to identify and understand innovative models in providing culturally relevant and trauma informed housing services, support, and advocacy including how such models could be implemented in a variety of communities and practice settings.

3. Be able to identify opportunities, and have skills and strategies, for engaging in cross-sector partnerships to improve programs, systems, and policies to better meet survivors’ housing-related needs.

**FACULTY:**

**Moderator:** Marylouise Kelly, PhD, U.S. Department of Health and Human Services

Shaina Goodman, JD, MSW, National Resource Center on Domestic Violence

Gillian Morshedi, JD, HomeBase

Lisa F. Parks, MPH, Prevention Institute

Peg Hacskaylo, District Alliance for Safe Housing

Sarita Turner, PolicyLink

**Co-Sponsored by** National Resource Center on Domestic Violence, The Northwest Network, Prevention Institute
Debbie A. Powell
Deputy Associate Commissioner for the Family and Youth Services Bureau, U.S. Department of Health and Human Services

Debbie A. Powell is the Acting Associate Commissioner for the Family and Youth Services Bureau (FYSB). Before coming to FYSB, Ms. Powell held various senior leadership positions at the Centers for Medicare and Medicaid Services, the Indian Health Service, and the Food and Drug Administration, where she held senior acquisition management and policy positions for more than 20 years. Most recently at the Administration for Children and Families (ACF), Ms. Powell has held senior positions as the Director of Technical Assistance at the Child Care Bureau, the Director of Discretionary Grant Programs at the Office of Community Services, Deputy Commissioner at the Administration on Developmental Disabilities, and Branch Chief in the Division of Acquisition Management. Ms. Powell has provided sustained leadership for national and community-based programs that serve and support individuals with developmental disabilities and low-income individuals and families.

Lisa James, MA
Director of Health, Futures Without Violence

Lisa James is Director of Health at Futures Without Violence, home to the National Health Resource Center on Domestic Violence. James has collaborated with health care providers, domestic violence advocates, survivors, and health policy makers across the U.S. to develop and promote statewide and national health care responses to domestic violence through training, health policy reform and public education. She collaborates with national medical and nursing associations to enact effective health policy and programmatic health care responses to abuse and was the recipient of the American Medical Associations’ Citation for Distinguished Service for her efforts to train health care providers on domestic violence. During her 20+ years at Futures Without Violence, James has also worked with international programs, collaborating with leaders from non-governmental and health care organizations in Russia, Mexico, India and China to build the capacity of health systems, providers and community members to identify and help victims in reproductive health settings.

Opening Performance: Terisa Siagatonu and Janae Johnson, Poets and Organizers

Terisa Siagatonu is an award winning poet, arts educator, and community organizer born and rooted in the Bay Area. Terisa’s writing blends the personal with the political in a way that calls for healing, courage, justice, and truth. Her work has been featured on CNN, NBCNews, NPR, Huffington Post, Everyday Feminism, The Guardian, BuzzFeed and Upworthy.

Janae Johnson is a black queer poet, community organizer, teaching artist, and full-time educator. Her work aims to address the intricacies of black masculinity while balancing her love for her family, Motown music, and women’s basketball. Janae’s poetry has appeared in outlets such as ESPN, PBS NewsHour, Blavity, and KinfOLks: A Journal of Black Expression. She currently resides in Berkeley, CA.
PLENARY SESSION #1:

WEDNESDAY | September 27 | 8:20am-9:15am
Salon 8-9

Where is Health Care Headed and what does it mean for Violence Prevention and Response?

The American health-care system is going through significant changes that directly impact survivors of violence, and the health providers and systems serving them. In this session, Dr. Ezekiel Emanuel, architect of the Affordable Care Act and health policy expert, discusses the state of health care in the U.S. and efforts to transform the health system to improve care and produce better health. Panelists will discuss innovative strategies to improve the health and safety of survivors and their families and ensure all have access to affordable, comprehensive, trauma informed health care.

LEARNING OBJECTIVES: At the end of this session participants will be able to:

1. Describe proposed changes to the health care system and how this supports efforts to identify and address violence.
2. Learn about how health system transformation promotes prevention and encourages partnerships beyond the clinical setting.
3. Spur local innovation from strategies shared during the session to their clinical or advocacy activities.

SPEAKERS:

Moderator: Scott Shafer
Senior Editor, KQED

Scott Shafer is Senior Editor of the California Politics and Government Desk at KQED, where he leads the editorial direction of a three-person team covering the state. Shafer has covered stories for National Public Radio programs including All Things Considered, Morning Edition, Weekend Edition Saturday and Weekend Edition Sunday. Prior to taking on his current role in 2015, Shafer hosted The California Report’s 30-minute weekly news magazine. Shafer and his team contribute to KQED Newsroom and The California Report. Shafer has earned numerous awards for his political reporting, including, most recently, a PRNDI award for the 2016 election special “The Politics of Capital Punishment”. He covered the gay marriage issue from the Proposition 8 Campaign through the U.S. Supreme Court decision that made same sex marriage legal in California. Shafer has hosted live statewide coverage of election night and State of the State Addresses every year since 1998, when he arrived at KQED. Prior to joining KQED, Shafer was press secretary to San Francisco Mayor Art Agnos and Chief of Staff to Controller Gray Davis.

Ezekiel Emanuel, MD, PhD
Joint Appointment, Wharton School and School of Medicine, University of Pennsylvania. Founding Chair, Clinical Center of the National Institutes of Health; Former Special Advisor on health policy, Office of Management and Budget

Ezekiel J. Emanuel is the Vice Provost for Global Initiatives, the Diane S. Levy and Robert M. Levy University Professor, and Chair of the Department of Medical Ethics and Health Policy at the University of Pennsylvania. He is also a Senior Fellow at the Center for American Progress. Dr. Emanuel was the founding chair of the Department of Bioethics at the National Institutes of Health and held that position until August of 2011. Until January 2011, he served as a Special Advisor on Health Policy to the Director of the Office of Management and Budget and National Economic Council. He is a breast oncologist and author. Dr. Emanuel’s recent publications include the books Reinventing American Health Care: How the Affordable Care Act will Improve our Terribly Complex, Blatantly Unjust, Outrageously Expensive, Grossly Inefficient, Error Prone System (2014). He is also an Op-Ed contributor to the New York Times and a contributor to MSNBC, making regular appearances on Morning Joe, The Rachel Maddow Show, Hardball with Chris Matthews and NOW with Alex Wagner.

Dr. Emanuel is a member of the Council on Foreign Relations and the chair of the meta-council on the Future of Health Care Committee for the World Economic Forum. He has received numerous awards including election to the Institute of Medicine (IOM) of the National Academy of Science, the Association of American Physicians, and the Royal College of Medicine (UK). Hippocrates Magazine selected him as Doctor of the Year in Ethics.

RESPONDENTS:

Mayra E. Alvarez, MPH
President, The Children’s Partnership

Mayra E. Alvarez is President of The Children’s Partnership, a nonprofit children’s advocacy organization committed to giving every child, no matter their background, the resources and opportunities they need for a bright future. Under her leadership, TCP is building strong community partnerships, conducting forward-looking research, and
advancing informed policy that better the health and well-being of underserved children in California. She combines her decade of experience in health care policy and community outreach with her personal conviction that every child and family should have the opportunity and resources to pursue their dreams.

Mayra came to TCP after a several-year set of assignments at the US Department of Health and Human Services (HHS). She was most recently the Director of the State Exchange Group for the Center for Consumer Information and Insurance Oversight at the Centers for Medicare and Medicaid Services at the US Department of Health and Human Services. In this role, Mayra led a team responsible for supporting states in the establishment of Health Insurance Marketplaces, including State-Based Marketplaces, State Partnership Marketplaces, and Federally Facilitated Marketplaces. Prior to this, Mayra served as the Associate Director for the HHS Office of Minority Health, where she led the coordination of OMH’s work related to the Affordable Care Act, community health workers, and language access, as well as serving as the Project Director of OMH’s Center for Linguistic and Cultural Competency in Health Care. In 2014, Huffington Post named her one of “40 under 40: Latinos in American Politics.” She is originally from El Cajon, CA, and currently lives in Los Angeles, CA, with her husband.

**Peter Long, PhD**

*President and CEO, Blue Shield Foundation of California*

Peter Long, PhD, is the president and CEO of Blue Shield of California Foundation. He leads the Foundation in its mission to improve the lives of all Californians, particularly the underserved, by making health care accessible, effective, and affordable, and by ending domestic violence. In 2013 alone, the Foundation provided $34 million to 326 organizations across California, making it one of the state’s largest grantmaking institutions.

Prior to joining Blue Shield of California Foundation, Dr. Long served in leadership roles at the Henry J. Kaiser Family Foundation and The California Endowment. He has extensive experience working on health policy issues at the state, national, and global levels, and has written numerous papers on the topic. Dr. Long also served as the director of development and programs for the Indian Health Center of Santa Clara Valley in San Jose, before assuming his position there as executive director. Previously, in Cape Town, South Africa, Dr. Long was a legislative analyst for the National Progressive Primary Health Care Network during the country’s transition to democracy. Outside of his role as CEO, Dr. Long is actively involved in multiple healthcare and professional organizations, serving on the Board of Directors for Grantmakers in Health and the Governance Board at the Institute for Clinical and Economic Review. He currently lives in Orange County with his wife and three children.

**PLENARY SESSION #2:**

**WEDNESDAY | September 27 | 9:15am-10:25am**

**SALON 8-9**

**Gender-Based Violence and Migration: Building Paths to Safety and Health**

Today the world is experiencing a global refugee crisis. The rates of gender-based violence are staggering and a phenomena for refugees and migrants worldwide. As survivors flee violence in their home country, they may face domestic and sexual violence during their journey or once they arrive in their host country. Such displacement also makes these individuals vulnerable to human trafficking which affects their health, development, and human rights. Building off of a survivor’s experiences, this session looks at how gender-based violence contributes to migration, explores violence during the migratory process, and proposes strategies to promote a public health approach to prevention. Participants will also hear about promising practices for collaborative health and advocacy services to support the health and safety of immigrants, refugees and trafficking survivors.

**LEARNING OBJECTIVES:** At the end of this session participants will be able to:

1. Understand how migration (including trafficking) presents another layer of vulnerability for gender based violence and resulting poor health outcomes.
2. Be able to describe how a public health approach to trafficking can promote prevention
3. Apply strategies from promising clinical and advocacy programs to offer culturally appropriate collaborative programs for survivors.

**SPEAKERS:**

Facilitated by: **Joanne Kelsey, JD**

*Director, Strategy for Humanity*

Joanne Kelsey serves as a Director at Strategy for Humanity. She has extensive experience collaborating with government officials, NGOs, and Congress and is recognized for her
exceptional expertise and work to improve the lives of refugees, asylum-seekers and stateless individuals, including those living in the United States.

Prior to joining Strategy for Humanity, Joanne directed advocacy and policy at Lutheran Immigration and Refugee Service (LIRS), a faith-based organization serving refugees, immigrants and vulnerable children. During her tenure at LIRS, she worked across coalitions to bring about an increase in refugee admissions to the United States, oppose anti-refugee legislation at the Federal and state level, raise awareness of the practice of family detention and expand protections for children fleeing Central America.

As a Protection officer at the office of the United Nations High Commissioner for Refugees, Joanne’s work centered on immigration detention and statelessness. She was recognized by the Department of Homeland Security for her leadership and collaboration in monitoring and improving detention conditions and expanding release policies for asylum-seekers and other vulnerable populations in detention. She spearheaded a successful campaign to raise awareness and increase protections for stateless individuals in the United States which resulted in policy improvements, the introduction of vital legislation and the video “Statelessness in the United States: Searching for Citizenship.”

As a Director at the Women’s Refugee Commission, Joanne worked to increase protections for women and children seeking asylum in the United States and led a collaboration with Department of Justice officials, child experts and members of the film industry to create “What Happens When I Go to Immigration Court,” an informational video for immigrant children with an overview of the immigration process and possible forms of immigration relief for which they may be eligible.

Jeanne F. Nizigiyimana, MSW, MA
Co-Founder & Program Manager
Refugee Women’s Health Clinic

Jeanne F. Nizigiyimana, MSW, MA is the Program Manager and co-founder of the Refugee Women’s Health Clinic (RWHC) at Maricopa Integrated Health System in Phoenix, AZ where she also chairs the Refugee Women’s Health Community Advisory Coalition (RWHCAC). While providing community culturally-grounded health education, her work involves the duties of a community partner for research activities that are co-designed and co-implemented by an interdisciplinary, multicultural staff, volunteers and community members. Originally from Burundi, Ms. Nizigiyimana is very active in the refugee communities and her role within the RWHCAC is to strengthen these communities. She holds several undergraduate degrees, speaks six different languages, and earned her Masters of Social Work degree from Arizona State University (ASU) in May 2005. She began her career in 1999 as a case manager with Catholic Charities Refugee Resettlement, served as Program Coordinator for the Strengthening Families Project, Adjustment Services Program Supervisor, and as the Director of Phoenix Family Programs for BRYCS. Her resilience inspires a passionate work that impacts the lives of underserved women globally. In 1999, she co-founded Refugee Women United for Progress, in Phoenix, Arizona, Inc. In the summer of 2014 and 2017, she volunteered to join a global initiative sponsored by ASU Southwest Interdisciplinary Research Center (SIRC) and CITIR to explore Culturally Specific Health Education Programs for Internally Displaced Women-Survivors of War, a Community-Based Participatory Research project in Burundi, Central Africa. She has received numerous awards, including both the Gage Award Remarkable Project – America’s Essential Hospitals Award for innovative healthcare programs and the ASU-SIRC Community Leadership Award in Eliminating Health Disparities.

Crista Johnson-Agbakwu, MD, MSc
FACOG Founding Director of the Refugee Women’s Health Clinic, Maricopa Integrated Health System

Crista Johnson-Agbakwu, MD, MSc, FACOG, is an Obstetrician/Gynecologist at Maricopa Integrated Health System, Phoenix, AZ, where she is the Founding Director of the Refugee Women’s Health Clinic. She is also a Clinical Research Affiliate of the Southwest Interdisciplinary Research Center (SIRC), which is a health disparities exploratory research center of excellence funded by a NIH/NIHMD at Arizona State University. She received her undergraduate degree from The Johns Hopkins University, medical degree from the Weill Medical College of Cornell University, and completed her residency in Obstetrics & Gynecology at the George Washington University Medical Center. She subsequently completed a fellowship in Female Sexual Medicine at the University of California, Los Angeles and then became a Robert Wood Johnson Foundation Clinical Scholar at the University of Michigan where she obtained her Masters in Health and Health Care Research examining disparities in reproductive health care among refugees/immigrants through mixed-method Community-Based Participatory Research. She has presented nationally and internationally on the challenges faced by health care providers in the care of refugee women as well as the opportunities to improve the quality of care for this vulnerable population. She is a Fellow of the International Society for the Study of Women’s Sexual Health (ISSWSH) and served as the Online Services Chair from 2011 –
2015. Her current research focuses on investigating strategies to improve sexual and reproductive health outcomes for newly-arrived refugee women, particularly those who have undergone Female Genital Cutting (FGC) as well as Sexual and Gender-Based Violence (SGBV); with the aim of improving health care access and utilization, sexual and reproductive health education, counseling, community engagement, as well as enhance health care provider cultural competency. She currently leads a federally funded effort through the Office on Women’s Health to improve the provision of health care services, community engagement and provider cultural competency on FGM/C across the state of Arizona.

Dilcia Molina Sanchez
Social Psychologist, Popular Educator, Feminist and Activist, La Clinica del Pueblo

She came to US under political asylum while her family was tortured by paramilitary group abuses against the LGBTQ community and fighting to prevent human trafficking and commercial sexual exploitation of minors in Central America. Although Dilcia wanted to come back to her country, the assassination of her best friend (whose body was thrown in a dump with a label that said: “Here is where all the homosexuals should be”) precluded from such a trip. That was the beginning of her work at La Clinica del Pueblo (The People’s Clinic) in D.C. and Empowerhouse in VA, where she is currently working, and it is also a safe space and sanctuary that has contributed to her process of resilience. At La Clinica del Pueblo, Dilcia is the Gender & Health-Entre Amigas Program Manager where she runs a Holistic HIV/AIDS prevention program which has evolved since 2001 into a comprehensive strategy engaging women survivors of gender based violence. Entre Amigas focuses on gender based violence as public health concern and strategies that affirm healthy relationships, and the safety of all women as a human right. She is also the founder-director of a grassroots organization dedicated to monitoring Human and Civil Rights of Latina Women in Virginia. Madre Tierra has offered expert opinion for USCIS regarding cases of political asylum regarding women involved in domestic violence, sexual trafficking, forced marriages and hate crimes.

Cathy Zimmerman, MA, MSc, PhD
Professor, Gender Violence & Health Centre at London School of Hygiene and Tropical Medicine

Cathy Zimmerman is a behavioural and social scientist and a founding staff member of the Gender Violence & Health Centre at London School of Hygiene and Tropical Medicine. Professor Zimmerman specialises in research on migration and health, specifically human trafficking, forced labour and gender-based violence. She produced some of the first findings on the health of trafficking in Europe and led the largest study to date on the health of male, female and child trafficking survivors in the Mekong (Cambodia, Viet Nam and Thailand). Her current research includes evaluations of complex social interventions such as the International Labour Organization’s Work in Freedom programme in India, Nepal, Bangladesh, Lebanon and Jordan, funded by the United Kingdom’s Department for International Development and Freedom Fund’s Safer Migration programming in Ethiopia. Recent work also includes a multi-region study on exploitation, trafficking and migrant health in Peru, Argentina, Bolivia and Kazakhstan and a multi-methods study (PROTECT) for England’s Department of Health to help prepare the UK’s National Health Service to respond to the health needs of people who are trafficked in England. She is the author of the World Health Organization’s WHO Recommendations for Interviewing Trafficked Women, IOM and LSHTM’s Caring for Trafficked Persons: Guidance for Health Providers and other international resource materials for law enforcement, service providers and health professionals. Professor Zimmerman also worked in Cambodia from 1993 to 1998 where she established the first local non-governmental organization against domestic violence against women and children.
LUNCHEON KEYNOTE

WEDNESDAY | SEPTEMBER 27 | 12:10pm-1:10pm | SALON 8-9

Sarah Jones
Performer and Writer

Introduction from Esta Soler, President and Founder, Futures Without Violence

Called “a master of the genre” by The New York Times, Sarah Jones is a TONY®-winning performer and writer known for her multi-character solo shows including Broadway hit Bridge & Tunnel and her most recent piece Sell/Buy/Date. Sarah has given multiple main-stage “TEDtalks”, performed at The White House for President and First Lady Obama, and traveled the world as a UNICEF Goodwill Ambassador raising awareness of issues including empowerment of women and girls. Sarah’s multimedia projects based on her characters include a new podcast with PRI, Playdate with Sarah Jones. Learn more at www.sarahjonesonline.com or at @jonesarah on Twitter and @xosarahjones on Instagram and Facebook.
PLENARY AND KEYNOTE SESSIONS

PLENARY SESSION #3
THURSDAY | September 28 | 8:00am-9:20am
SALON 8-9

Centering Anti-racism in the Response to Intimate Partner Violence

Addressing the impact of institutional racism on our organizations and in our communities is an essential element of the work to end intimate partner violence. The recent resurgence and emboldening of White supremacy movements makes this more imperative than ever. This work requires growing our understanding of how intersecting identities and experiences define the shape and possibilities of survivor healing and our abilities to provide trauma informed care. This plenary will highlight the key issues that arise when thinking about our anti-violence work through an anti-racist lens and explore and share concrete strategies and directions that can help us center this analysis in our work going forward.

LEARNING OBJECTIVES: At the end of this session participants will be able to:
1. Identify 3 examples of institutionalized racism in the anti-violence movement
2. Describe 2 ways that we can reframe our work to address racism
3. Apply strategies from health and advocacy programs to address racism, anti-Semitism and White supremacy

SPEAKERS:

Sidra Bonner, MPH
Medical Student, University of California San Francisco; Co-Founder of White Coats for Black Lives

Sidra Bonner is a fourth-year medical student in the Program in Medical Education for the Urban Underserved at the University of California-San Francisco (UCSF). Prior to medical school, she served as a community health navigator conducting home visits at Salud Family Health Center in Commerce City, Colorado as a part of Community HealthCorps. At UCSF, she has been involved in several institutional efforts aimed at reducing the role of racial bias in patient care and in medical training. She is a co-founder of UCSF’s WhiteCoats4BlackLives group (WC4BL), founded in 2014, after the deaths of Michael Brown and Eric Garner, which grew to a national movement of medical students seeking to address institutional racism inside and outside of the clinical environment. She has also served as a student liaison to UCSF’s current Differences Matter Initiative, founded after WC4BL, to make UCSF the most diverse, equitable and inclusive academic medical center in the country. After her third-year of medical school, she completed her Masters in Public Health at the Harvard T.H. Chan School of Public Health focused in Health Policy. She plans to pursue a career in academic surgery with a particular-interests in disparities in surgical delivery and all levels of prevention for victims of trauma.

Howard Pinderhughes, PhD
Co-Chair, Department of Social and Behavioral Sciences, UCSF; Research Associate, Institute for the Study of Social Change, UC Berkeley; Affiliated Faculty, UCSF Institute for Health and Aging

Social and behavioral scientist and author Howard Pinderhughes, PhD, has conducted research and program development in the areas of race relations among youth and adolescent violence prevention and intervention. His research combines aspects of grounded theory, qualitative methods, survey research and participatory action research to examine problems related to the impacts of structural inequality, racial, class and gender dynamics on adolescent health and relations. Dr. Pinderhughes is currently developing a conceptual framework to address the production of racial, class and gender health inequality. His book, Race in the Hood: Conflict and Violence Among Urban Youth, presents a study of racial attitudes among youth and racial violence in New York City.

Kelly Miller, JD
Executive Director, Idaho Coalition Against Sexual & Domestic Violence

Kelly Miller envisions compassionate communities with social equity and collective liberation for all human beings, where everyone can thrive and reach their full potential. Kelly is currently the Executive Director of the Idaho Coalition Against Sexual & Domestic Violence and an alumni cohort member of Move to End Violence, a 10-year nationally recognized initiative of the NoVo Foundation designed to strengthen the collective capacity to end violence against girls and women. After thirty years in anti-violence work as an attorney, prosecutor, and activist, she has been on a transformational journey that has brought clarity to her purpose of mutual liberation to the last girl and a deep understanding that liberation has to begin with ourselves. She has come to learn that how we are is even more important than what we do. She is a national presenter on movement building to end gender violence, youth engagement, accessibility and intersectionality in our work. Before joining...
the Idaho Coalition, Kelly represented girls and women who were impacted by violence and individuals with disabilities as an attorney with Legal Aid Society and an assistant prosecutor in a felony domestic violence/sexual assault unit in Louisville, Kentucky, and as Deputy Director with Idaho Legal Aid Services. Kelly and her partner Bob have two strong capable daughters Logan and Hunter.

Zerlina Maxwell
Survivor, Political Analyst, Speaker, Writer

Zerlina Maxwell is the Director of Progressive Programming for SiriusXM. She is TV political analyst, speaker, and writer for a variety of national media outlets. Her writing focused on national politics, candidates, and specific policy and culture issues including race, feminism, domestic violence, sexual assault, victim blaming and gender inequality. She has consulted with the United States Department of State to promote the use of social media by students in the West Bank and is a frequent speaker at colleges, universities, and organizations. Zerlina is one of the most influential speakers and writers on the issues of campus sexual assault and rape culture in the United States. Follow her on Twitter @ZerlinaMaxwell.
Centering Expert Voices: Healing Childhood Trauma from Youth and Community Advocates

Psychological trauma—including trauma caused by IPV, child abuse and childhood exposure to violence—has been increasingly well defined in the medical world. Other kinds of trauma, such as trauma created by systems and spaces, oppression and poverty, are less understood and studied, as are the protective factors that can lead to healing and well-being. In this panel, participants will remind us that young people and communities are not the cause of this trauma and while they may bear the burden, they also have the solutions. Presenters will represent a range of viewpoints, from the clinical to the experiential, including the voices of young participatory action researchers and organizers who will share personal stories about the impact of trauma in their lives and their suggestions to the field for how to address it.

LEARNING OBJECTIVES: At the end of this session participants will be able to:
1. Expand their thinking about what causes trauma and its impact on children, families and communities
2. Recognize that those most affected have many solutions
3. Identify promising strategies for advocacy organizations and health systems

SPEAKERS:

Moderator: Kalisha Dessources
Consulting Director of the National Collaborative of Young Women’s Initiatives

Kalisha Dessources is currently a PhD candidate at Yale University, where her research interests include urban poverty and policy, with focus on inequity in the education and justice systems. Kalisha is also the consulting director of the National Collaborative of Young Women’s Initiatives—a collaborative efforts made by eight independent women’s foundations to leverage resources in order to address barriers faced by low-income women and girls, and women and girls of color. Prior to matriculating at Yale and this role, Kalisha served as the Policy Advisor to President Obama’s White House Council on Women and Girls, from 2015-2017, where she was responsible for directing the Obama Administration’s work to advance equity for women and girls of color. At her time at the White House, she wrote several reports on the key issues that women and girls of color throughout the country face, and convened thousands of stakeholders at the White House for conferences that spanned a number of issues, including women and criminal justice; trauma, exclusionary school discipline and girls of color; and diversity and inclusion in STEM. Prior to her time at the White House, Kalisha served as a Teach for America Corps member, teaching secondary math and science in Philadelphia. A proud Haitian-American from New York, Kalisha received her Bachelors of Science in Industrial and Labor Relations from Cornell University, and her Masters from the University of Pennsylvania’s Graduate School of Education. She is a marathon runner and an avid traveler.

Leili Lyman and Katherine Escobar
Participatory Action Researchers, RYSE

Leili and Katherine were born and raised in Richmond, CA. They graduated from De Anza High School in 2016. Leili is currently starting her second year studying psychology at UC Berkeley while Katherine is currently a first year studying Kinesiology at San Francisco State University. At De Anza High, they participated in a Public Health Solutions internship program. It was through this program that led them to intern at the RYSE Center where they learned about RYSE’s Listening Campaign: an inquiry of the experiences of trauma, violence, coping, and healing for young people of color in Richmond. This prompted Leili and Kat to conduct a Youth Participatory Action Research (YPAR) project that looked at the mental health and coping strategies of youth in their community. After collecting and analyzing the data, they implemented a peer-led/peer-facilitated “Chat Lounge” in response to young people expressing that talking to an adult is potentially more harmful than talking to their peers. Chat Lounge was one of the highest and most regularly attended programs at RYSE that season. With peripheral support from staff, the interns held discussions around institutional, interpersonal, and internalized violence/trauma and shared ways to cope and heal.
Sydney Horse Looking
Tokala Inajinyo Suicide Peer Mentor Program
Sydney Horse Looking, Sunkan Wakan Wakinya Win (Thunder Horse Woman) is a member of the Sicangu Lakota (Rosebud Sioux Tribe). For the past year she works as the Prevention Specialist for the Tokala Inajinyo Suicide Peer Mentor Program and is currently taking classes at Sinte Gleska University majoring in Arts & Sciences. Sydney is an active member of the Sicangu Youth Council. She is a traditional dancer and participates in various Lakota ceremonies and cultural events throughout the year.

Asia Gilbertson
Sicangu Youth Council
My name is Asia Gilbertson, I am Lakota and Korean. My Lakota name is “Ista Gi Win” which means Brown Eyed Girl. I was born in Mesa Arizona, moved here at age of 1 and I have been here ever since. I am the only child, I have a few adopted cousins who I claim to be my real siblings. I am very outgoing in my reservation, I have held 7 royalty titles in the pow-wow circle. I am a strong believer in my Lakota ways of life, I sundance, Jingle dress dance, I go to sweats, ceremonies, and I also try to learn my Korean side. I am a young mom, a to a beautiful baby boy named Dayvon James Sanchez. He is a year and a half and he is the reason why I am here today. I have been pushing myself to further my education and started working for him. I am making sure that he will leave a positive imprint on this Earth one day so I’m doing everything I can to do so. I have been a straight A honor student from the sixth grade, and I still continue to get A’s. I just finished my Senior year here at Todd County school district. I graduated a year early, at the age of 16. I want to pursue my education in Human Services and hopefully branch off into nursing in the near future. I really love working with people and helping others so that’s why I believe this would be the best degree for me. I am part of the Tokala Inajinyo Suicide Prevention program that’s here on the reservation, I am also apart of the Sicangu Youth Council. I have traveled to Washington to speak in front of congress men and white house leaders about the troubles many kids face here on this reservation. I also have spoken and have been a part in bringing our ancestors home from Carlisle Indian Boarding School. I have participated and joined many groups around here on this reservation.

Renée Boynton-Jarrett, MD, ScD
Founding Director, Vital Village Community Engagement Network, Associate Professor, Pediatrics, Boston University School of Medicine
Renée Boynton-Jarrett is a practicing primary care pediatrician at Boston Medical Center, a social epidemiologist and the founding director of the Vital Village Community Engagement Network. Through the Vital Village Network, she is supporting the development of community-based strategies to promote child well-being in three Boston neighborhoods. She joined the faculty at Boston University School of Medicine in 2007 and is currently an Associate Professor of Pediatrics. She received her AB from Princeton University, her MD from Yale School of Medicine, ScD in Social Epidemiology from Harvard School of Public Health, and completed residency in Pediatrics at Johns Hopkins Hospital. She is a nationally recognized for expertise in the role of early-life adversities as life course social determinants of health. She has a specific interest in the intersection of community violence, intimate partner violence, and child abuse and neglect and neighborhood characteristics that influence these patterns. She was honored by the Massachusetts Public Health Association with the Paul Revere Award for outstanding impact on public health in 2015 and she is featured in the signature hour of “The Raising Of America” documentary series.
## WEDNESDAY SCHEDULE

### WEDNESDAY | 10:40 am-12:00 pm

| Advocacy and Survivor Perspectives | Sexual violence: Estimating the cost of rape, impact on health and well-being, including pregnancy and the role of personal stories to promote prevention  
Amplifying voice: The role of personal stories and participatory media in challenging gender-based violence  
Pregnancy following rape in a national sample  
The cost of rape: Estimating the lifetime economic burden of rape among U.S. adults to inform sexual violence prevention  
Sexual abuse survivors in the healthcare setting: The impact of sexual abuse on a survivor's interactions and relationships with healthcare providers and the importance of a patient-centered, trauma-informed provider-patient relationship |
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<td>Advocacy and Survivor Perspectives</td>
<td>Salon 1-2, Level B2</td>
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| Assessment and Intervention | Traumatic brain injury: Health consequences and risk assessment  
Brain injury: A silent epidemic in the domestic and sexual violence population  
Domestic violence report and referral (DVRR) incorporating the danger assessment into the emergency department domestic violence evaluation  
Traumatic brain injury: The frequently-forgotten consequence of domestic violence |
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<td>Assessment and Intervention</td>
<td>Salon 12-13, Level B2</td>
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| Assessment and Intervention | Survivor empowerment through improved health access, stress management and economic independence  
Your money, your future: Using economic empowerment programming to serve the needs of survivors with families receiving TANF  
Purple clinic: Delivering innovative health care for survivors of sexual violence in a New York City federally qualified health care center  
Domestic violence resource enhancement: Applying lessons from the courtroom in a healthcare setting |
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<td>Assessment and Intervention</td>
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| Children | Safety, stability and nurturance: Preventing violence and supporting children  
Promising futures: Best practices for serving children, youth, and parents experiencing domestic violence  
What surrounds us, shapes us: Preventing violence by promoting safe, stable, and nurturing relationships and environments |
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<td>Children</td>
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<th>Community and Public Health Prevention Programs</th>
<th>Elder abuse and the medical-legal model</th>
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<td>Community and Public Health Prevention Programs</td>
<td>Sierra C, 5th Floor</td>
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<td>10:40 am-12:00 pm</td>
<td><strong>Educating and Engaging Providers</strong>&lt;br&gt;Intersections of transgender rates of intimate violence and health disparities: A look at newly released national data&lt;br&gt;Michael Munson, BA</td>
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<td><strong>Educating and Engaging Providers</strong>&lt;br&gt;A simulation and video based training program to address adverse childhood experiences in adult primary care patients&lt;br&gt;Martina Jelley, MD, MSPH</td>
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<td><strong>Health Policy and Systems Change</strong>&lt;br&gt;Transforming health systems to support survivors&lt;br&gt;Transforming the healthcare response to intimate partner violence (IPV)&lt;br&gt;Brigid McCaw, MD, MPH, MS, FACP&lt;br&gt;Preparing your healthcare system to identify and respond to victims of abuse, neglect, and exploitation&lt;br&gt;Kathleen M. Franchek-Roa, MD&lt;br&gt;Chicago's medical response collaborative: Next steps in improving the health system’s response to domestic violence&lt;br&gt;Kathleen A. Doherty, LCSW, ICDVP</td>
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<td><strong>Health Policy and Systems Change</strong>&lt;br&gt;Health policy advocacy and domestic violence&lt;br&gt;Lena O’Rourke, MPP</td>
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<td><strong>Health Policy and Systems Change</strong>&lt;br&gt;Firing it up and sustaining trauma-informed health systems&lt;br&gt;Trauma-informed care in a primary care setting: An integrative program&lt;br&gt;Courtney Barry, PsyD&lt;br&gt;Incorporating a public health approach to address violence against women: Strengthening ties through trauma informed care, universal education, screening, and collaboration with community based organizations&lt;br&gt;Ellen Eidem, MS&lt;br&gt;The Domestic Violence and Health Collective - Orange County (DVHC-OC): A countywide, multifaceted approach to addressing domestic violence as a health issue&lt;br&gt;Allyson Sonenshine, JD</td>
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<td><strong>Research</strong>&lt;br&gt;Participatory methodologies: Conducting DV research and evaluation using a social justice and transformative framework&lt;br&gt;Carrrie Lippy, PhD</td>
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<td>1:25-2:45 pm</td>
<td>Adolescents: Creating safer college campuses: Policies and considerations</td>
<td>Sierra H, 5th Floor</td>
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<td>Creating safer Ohio campuses</td>
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<td>Pioneering collaborative work to describe the incidence of sexual violence at the University of California and strengthen policies and services for survivors</td>
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<td>Jennifer Wagman, PhD, MHSS</td>
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<td>Campus sexual assault: Creating an evidence base to support Title IX implementation across diverse settings</td>
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<td>Melanie Ogleton, MHSA</td>
<td>Chelsea Ullman, MPP</td>
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<td>Advocacy and Survivor Perspectives: Promoting survivor wellness through health and DV partnerships</td>
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<td>Community-based advocacy in health care settings: Using qualitative and quantitative data to demonstrate the benefits of collaboration between D/SV advocate and health care providers</td>
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<td>Emily Fanjoy</td>
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<td>The Jane Doe Inc. Strengthening Health Care Collaborations Project in Massachusetts: Understanding advocate and survivor perspectives to advance collaborations between sexual and domestic violence organizations and health care</td>
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<td>Tina Nappi, MSW</td>
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<td>Moving past standardized intakes: Welcoming survivors to services with a holistic approach that addresses wellness along multiple domains</td>
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<td>Ruth Zakarin, LICSW</td>
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<td>Assessment and Intervention: Universal education: Evidence based intervention for addressing DSV in health settings</td>
<td>Juniper, Level B1</td>
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<td>Erica Monasterio, MN, FNP-BC</td>
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<td>Assessment and Intervention: The danger assessment with indigenous populations (Danger Assessment-Circle): A case study in adapting assessment tools and interventions to specific cultural groups</td>
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<td>Jacquelyn Campbell, PhD, RN, FAAN</td>
<td>Gail Dana-Sacco, PhD, MPH</td>
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<td>Teresa N. Brockie, RN, PhD</td>
<td>Meredith E. Bagwell-Gray, PhD, LMSW</td>
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<td>Assessment and Intervention: Trauma treatment in the context of domestic violence: What do we know? What do we need to consider?</td>
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<td>Carole Warshaw, MD</td>
<td>Mary Ann Dutton, PhD</td>
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<td>Assessment and Intervention: Supporting high risk survivors in emergency departments</td>
<td>Sierra I, 5th Floor</td>
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<td>Strategies for safety: IPV crisis referrals in Philadelphia hospital emergency rooms</td>
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<td>Akea Williams, BS, MA Candidate</td>
<td>Sandra Bamford, MSW, LSW</td>
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<td>A qualitative study on intimate partner violence screening practices by registered nurses in the emergency department</td>
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<td>Theresa M. Fay-Hillier, DrPH, MSN, PMHCNS-BC</td>
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<td>Domestic violence report and referral (DVRR): Creating a bridge between emergency departments, highest risk domestic violence victims, and comprehensive domestic violence services using technology to simplify the health care response and improve outcomes</td>
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<td>Hillary Larkin, PA</td>
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<td>Community and Public Health Prevention Programs: Addressing the needs of trafficked survivors of domestic violence and sexual assault from a public health perspective</td>
<td>Salon 12-13, Level B2</td>
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<td>Kiricka Yarbough Smith, MSW</td>
<td>Elena Dineen, JD</td>
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<td>1:25-2:45 pm</td>
<td>Unravelable: Racism, hypersexualization, sexual violence, and Black women</td>
<td>Nwando Ofokansi, BA</td>
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<td>&quot;Boys will be boys&quot; is not an excuse: Tools to challenge hyper-masculinity</td>
<td>Natalie A Clifford</td>
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<td>in a climate of &quot;locker room banter&quot;</td>
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<td>Thriving families in pediatric and perinatal programs using anti-oppression</td>
<td>Kelly C. Young-Wolff, PhD, MPH</td>
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<td>framework, addressing ACEs and multiple abusive partners, and promoting</td>
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<td>Feasibility of screening for adverse childhood experiences (ACES) in a</td>
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<td>prenatal population</td>
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<td>Factors predicting emotional and behavioral resilience in children exposed</td>
<td>Alison T Fogarty, BA(Honours), PhD candidate</td>
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<td>to intimate partner violence in early life</td>
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<td>Exploring the occurrence of pregnant women's experiences with abuse from</td>
<td>Linda Bullock, PhD, RN</td>
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<td>Thriving families: Integrating promising practices and an anti-oppression</td>
<td>Melissa Ruth, MS, LOPC</td>
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<td>framework to center solutions on underserved parents and their children who</td>
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<td>have experienced abuse</td>
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<td>Health Policy and Systems Change</td>
<td>Evaluation strategies, quality improvement and a business case model</td>
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<td>Using quality improvement data from the electronic medical record to assess</td>
<td>Krista J. Kotz, PhD, MPH</td>
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<td>effectiveness of intimate partner violence screening in the healthcare setting</td>
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<td>Making the business case for intimate partner violence programming in the</td>
<td>Marcella Nyachogo, MSW, LSW</td>
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<td>medical setting</td>
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<td>Evaluation 101 for domestic violence agencies</td>
<td>Miki Carpenter, MPH, PhD</td>
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<td>Can a multi-sector pre-exposure prophylaxis collaboration with IPV service</td>
<td>Associations between violence-community violence and IPV- and incident STI</td>
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<td>providers and healthcare providers impact women's fight against HIV/AIDS?: A</td>
<td>among heterosexual African American males in Washington, DC</td>
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<td>qualitative study</td>
<td>Anita Raj, PhD</td>
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<td>Associations between violence-community violence and IPV- and incident STI</td>
<td>Jocelyn Anderson, PhD, RN</td>
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<td>among heterosexual African American males in Washington, DC</td>
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<td>Effects of Sava syndemic on HIV treatment adherence and disease progression</td>
<td>Spatial analysis of factors of the built environment and sexual violence</td>
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<td>among women in Baltimore</td>
<td>among Black women at high risk for HIV/STI</td>
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<td>Gibran Mancus, MSN-Ed, RN</td>
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<td>Culturally responsive services and programs for indigenous women and lessons</td>
<td>Kiricka Yarbough Smith, MSW</td>
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<td>from an Alaska Native wellness initiative</td>
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### Wednesday Schedule

**3:40-5:00 pm**

**Adolescents**
- **What works to prevent adolescent relationship abuse: Media advocacy, sports for social change, community connection and health interventions**
  - Building healthier adolescent relationships through improved community connections
  - Ruth Rodney, RN, PhD Candidate
- **Adolescent dating abuse perpetration: Causal factors and innovative approaches to prevention and intervention**
  - Katie Edwards, PhD
- **Sports culture as an opportunity to prevent sexual violence**
  - Jennifer Bentley Yore, MPH
- **Media advocacy: A tool for shifting the discourse and changing policies to prevent teen dating violence**
  - Pamela Mejia, MS, MPH

**Advocacy and Survivor Perspectives**
- **Building the capacity of DV agencies to meet client health needs**
  - Domestic violence advocates' HIV prevention practices: Frequency and predictors of practice
  - Sara A. McGirr, MA
  - Serving human trafficking survivors in domestic and sexual violence organizations: Case studies research
  - Martha Hernandez-Martinez, MPA
  - Substance abuse as a barrier to intimate partner violence service provision: A statewide needs assessment
  - Lindsay B. Gezinski, PhD
- **The mind and body in crisis: An examination of somatic indicators among users of interpersonal violence programs**
  - Jessica Grace, LMSW

**Assessment and Intervention**
- **Survivor and community centered strategies for research and programming**
  - Reclaiming cultural identity and cultural practice is good for health
  - Chelsie Haunga, MA | Cristina Arias
  - Partnership to facilitate re-entry: Addressing the health needs of formerly incarcerated individuals
  - Neha Sikka, MD Candidate | Jimmitti Teysir, MD Candidate
  - It is our due diligence: Expansion of the use of safety protocols in research involving women
  - Jamila K. Stockman, PhD, MPH
  - A randomized, wait-list controlled trial of a Qigong intervention program on telomerase activity and psychological stress in abused Chinese women
  - Shuk Ting Denise Cheung, PhD, MPhil, BNurs

**Community and Public Health Prevention Programs**
- **Exploring the role of college student health centers in sexual violence prevention and intervention**
  - Jocelyn Anderson, PhD, RN | Carla Chugani, PhD, LPC | Lisa Ripper, MPH

**Educating and Engaging Providers**
- **Programs that support survivors who experience additional barriers to services and safety**
  - Drug policy reform, harm reduction approaches and DV service expansion to improve support for women who use drugs
  - Beverly Upton, BA | Kenneth Kim, PsyD
  - Supporting the health of survivors of domestic violence with disabilities: Recommendations for healthcare providers
  - Michelle S. Ballan, PhD
## Health Impact of D/SV Across the Lifespan

**Abuse across the lifespan: Impact on telomeres, cancer, cardiovascular disease, and menopause**
- Teen dating violence sequelae at psychosocial and cellular levels
  - Candace W. Burton, PhD, RN, AFN-BC, AGN-BC, FNAP

- Violence against women affects cancer risk and cancer-related quality of life
  - Ann Coker, PhD, MPH

- Getting to the heart of the matter: Lifetime violence as a risk factor for cardiovascular disease among women
  - Kelly A. Scott-Storey, RN, MN, PhD

- Interpersonal violence, post-traumatic stress disorder, and symptoms related to menopause and aging among community-dwelling older women
  - Carolyn J. Gibson, PhD, MPH

- Quantifying the health burden of lifetime violence experiences
  - Heather M. Bush, PhD

**Holistic approaches to healing and self-care**
- Alternative modalities for healing from trauma
  - Kiara Lee, MSW | Elizabeth Wilmerding

- Communicating through the heart, head, body and Capacitar tools for self-care and healing
  - James Encinas | Linda Chamberlain, MPH, PhD

**Experiences of violence among women veterans: Prevalence, health impact, and responses**
- Demographic, clinical, and health services use characteristics of women screening positive for past-year IPV in the Veterans Health Administration
  - Melissa E. Dichter, PhD, MSW

- Trauma-sensitive yoga as an alternative to gold-standard psychotherapy for treatment of posttraumatic stress disorder (PTSD) and co-occurring major depressive disorder (MDD) and chronic pain
  - Ursula A. Kelly, PhD, APRN, ANP-BC, PMHNP-BC

- Profiles of lifetime adversity and risk for current IPV among women veterans in VA primary care
  - Rachel Kimerling, PhD

**Trauma-informed system change and strengthened IPV advocacy in health settings**
- On common ground: Trauma-informed care as leverage for improving integration of IPV advocacy within the Columbia River Gorge CCO (Oregon Medicaid)
  - Rebecca Dee Simmons, MA

- “Yeah we’re trauma informed” - how do you know? Using data to assess and drive trauma-informed system change
  - Steven Brown, Psy.D.

- Oregon Safer Futures: Community-based advocacy interventions in health care settings
  - Sarah H. Keefe, MPH

**IPV perpetration: Understanding social determinants, motivation for reproductive coercion, role of technology and solution**
- Adult male perpetrators’ perspectives on what prevention approaches work best for young boys at risk of future intimate partner violence perpetration
  - Penelope Morrison, PhD, MPH

- ‘It’s just the power of being able to make life’: Exploring reproductive coercion and childbearing motivations among urban socioeconomically disadvantaged Black young men
  - Kamila A. Alexander, PhD, MPH, RN

- Using concept mapping to explore social determinants of partner violence perpetration among urban men
  - Charvonne N. Holiday, PhD, MPH

- Violence gone viral: How men are using communication technology to perpetrate violence against women
  - Amy Bonomi, PhD, MPH | Asia Eaton, PhD
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<td><strong>Research</strong></td>
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<td>Safety and health interventions for women experiencing intimate partner violence: Lessons from a global research collaboration</td>
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<td>Nancy Glass, PhD, MPH, RN, FAAN</td>
<td>Marilyn Foor-Gilboe, PhD, RN, FAAN</td>
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<td><strong>Technology</strong></td>
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<td>IPV documentation in the pediatric medical record: Balancing safety and advocacy for the child patient and adult survivor</td>
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<td>Tanya Draper Douthit, MSW, LSCSW</td>
<td>Kimberly A. Randell, MD, MSc</td>
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<td>9:50-11:10 am</td>
<td><strong>Adolescents</strong></td>
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<td>Child sexual exploitation and forced child marriage: Risk factors, impacts, and tactics</td>
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<td>Teresita Rocha-Jimenez, MA</td>
<td>Jay G Silverman, PhD</td>
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<td>Sex trafficking in Haiti: Population-based prevalence and increased risk based on sexual violence in childhood</td>
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<td>The short and long term health impacts of forced and child marriage in the United States</td>
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<td>Supporting LGBTQ and non-binary survivors and youth</td>
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<td>Caitlin Ryan, PhD, ACSW</td>
<td>Erica Monasterio, MN, FNP-BC</td>
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<td>Outside the boxes: Working with gender non-binary survivors</td>
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<td>Michael Munson, BA</td>
<td>Emily Waters, MPH, MSW</td>
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<td>LGBTQ survivors: Research from the field on how to best address LGBTQ intimate partner violence</td>
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<td><strong>Advocacy and Survivor Perspectives</strong></td>
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<td>Innovations in domestic violence advocacy: Survivor health and wellness</td>
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<td>Maya Haggan, MD, MPH</td>
<td>Antoinette Marie Moore</td>
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<td>Let’s talk about sex: Bringing a sex-positive reproductive health workshop into the DV shelter setting</td>
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<td>Expanding our roles as advocates: Integrating holistic health and domestic violence advocacy through healing arts and doula services for pregnant and newly parenting survivors of intimate partner violence</td>
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<td><strong>Assessment and Intervention</strong></td>
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<td>Tailoring your screening and assessment: The experience of rural and OB clinics</td>
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<td>Audrey A. Jiricko, MD</td>
<td>Cecilia H. Huang, BS</td>
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<td>Screening for intimate partner violence at the initial obstetric visit</td>
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<td>Domestic violence screening through “rooming alone”</td>
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**THURSDAY**
## FUTURES WITHOUT VIOLENCE
### THURSDAY SCHEDULE

### THURSDAY | 9:50-11:10 am

| Assessment and Intervention | Co-located advocacy, health partnerships and safety planning with survivors in health settings  
Building a novel health education curriculum for survivors of domestic violence residing at a transitional housing center  
Maya Ragavan, MD, MPH  
Let’s talk about sex: Bringing a sex-positive reproductive health workshop into the DV shelter setting  
Antoinette Marie Moore  
Expanding our roles as advocates: Integrating holistic health and domestic violence advocacy through healing arts and doula services for pregnant and newly parenting survivors of intimate partner violence  
Sami J. Gloria | Sierra A, 5th Floor |
| --- | --- | --- |
| Assessment and Intervention | Tailoring your screening and assessment: the experience of rural and OB clinics  
Pilot project to activate USPSTF intimate partner violence screening guideline and connect patients with resources in a busy inter-mountain healthcare OB/GYN office  
Audrey A. Jiricko, MD  
Screening for intimate partner violence at the initial obstetric visit  
Cecilia H. Huang, BS  
Domestic violence screening through “rooming alone”  
John Bridges, MA | Salon 5-6, Level B2 |
| Assessment and Intervention | Co-located advocacy, health partnerships and safety planning with survivors in health settings  
A collaboration model with a community based DV agency locating an IPV advocate onsite at a medical center: A domestic violence and health care partnership between STAND! For Families Free of Violence and Kaiser Permanente  
Carey Watson, MD, FACOG | Carolyn Graham | Sierra A, 5th Floor |
| Community and Public Health Prevention Programs | Safety assessment and planning in health and mental healthcare settings: Considering a paradigm to enhance safety interventions as they specifically relate to health and healthcare  
Danica R. Delgado, MSW  
Closing the gap: Building a case for sustainable partnerships between health and domestic violence providers  
Debra M. Ward, MPH | Dana Knoll, MBA | Sierra J, 5th Floor |
| Community and Public Health Prevention Programs | Home visitation programs and DV screening: Lessons from Honduras and two statewide models  
Creating healthy partner and family relationships through maternal and infant home visiting  
Colleen S. Wilburn, MPA  
Implementation of screening for domestic violence within a statewide home visiting program  
Corrine M. Williams, ScD  
Adapting and developing a community-based home visitation intervention to prevent violence against pregnant women in low-resource settings  
Margarita Quintanilla, MD, MPH | Jennifer Zelaya, MPH, MSW | Sierra J, 9th Floor |
| Educating and Engaging Providers | Shared resources and critical implementation strategies by federal inter-agency partners  
Kenya Fairley, MDEd. | Stephanie Alexander, MS | Christiana Lang, BA | Jane Segebrecht, MPH | Salon 12-13, Level B2 |
| Educating and Engaging Providers | Sexual harassment and violence in the workplace  
A collaborative model to address the workplace impacts of violence  
Lisa Kim, MPA | Leslie Hott, MA | Gail Reid, MSW, LCSW-C | Lisa Nitisch, MSW | Sierra C, 5th Floor |
| Educating and Engaging Providers | Sexual harassment and violence in the workplace: The role of advocates, counselors and medical professionals in obtaining court awarded financial remedies for survivors  
Dana Johnson, JD | | | | |
### THURSDAY SCHEDULE

#### THURSDAY 11:25 AM-12:45 pm

| Adolescents | Domestic minor sex trafficking: Identifying, understanding, and helping the survivors  
Emily F. Rothman, ScD | M. Alexis Kennedy, PhD | Jordan Greenbaum, MD | Salon 12-13, Level B2 |
|---|---|---|---|---|
| Adolescents | Promoting healthy teen sexuality and relationships  
Vashon teen council: A Planned Parenthood pilot peer educator program in rural WA  
Elizabeth A. Archambault, PhD | Cookies, crafts, and consent: Facilitating discussions on sexuality and teen dating abuse in diverse settings  
Lindsay Stawick, BSW | Mary-Margaret Sweeney, MSW | Stronger together: Unitig health promotion and violence prevention  
Megan Kovacs | Julia Noble | Salon 14-15, Level B2 |
| Social Determinants of Health | Campus sexual violence correlates and innovative interventions  
Intimate partner violence, health, and academic performance among a national sample of gender and sexual minority undergraduates  
Nathan Q. Brewer, MSW | Myplan toolkit: A technology-based intervention for college women in abusive dating relationships and their concerned friends  
Nancy Glass, PhD, MPH, RN, FAAN | Adverse childhood experiences and adult intimate partner violence, sexual abuse, and stalking among college students: Does a relationship exist?  
Sarah E. Goprik, MPH | Sierra C, 5th Floor |
| Assessment and Intervention | Innovations in screening and response in health settings  
Synergizing the response to domestic violence strangulation: Building collaborative, cross-setting protocols for safety and health  
Jacquelyn Campbell, PhD, RN, FAAN | Audrey E. Bergin, MPH, MA | A systematic review of interventions to train health care providers to respond to intimate partner violence against women  
Naira Kalra, MPhil | Geodemographic factors associated with comprehensive screening for intimate partner violence in healthcare facilities  
Jessica Williams, PhD, MPH, APHN-BC | Screening for intimate partner violence in primary care utilizing standardized measures and a clinical microsystem: Model for best practice  
Kimberly L. Citron, PhD | Sierra A, 5th Floor |
| Community and Public Health Prevention Programs | Community and Public Health Prevention Programs  
Intimate partner violence among maternal, child and adolescent health populations in California: Data, policy, and program developments  
Martha E. Dominguez, MA, MPH | Jennifer Gregson, MPH, PhD | The practice of sexual violence prevention: What’s happening and why you should know  
Katie M. Jones, MSW | Pam B. Brown, M.Ed. | Sierra A, 5th Floor |
| Community and Public Health Prevention Programs | Promoting healthy relationships for youth: Three programs for middle and high school students  
Heart: An innovative and interactive program shaping social norms and promoting healthy relationships for youth and young adults  
Jennifer M. Ponce, CHES | Implementation and dissemination of coaching boys into men: Challenges and lessons learned  
Lisa Ripper, MPH | Dating Matters®: Strategies to promote healthy teen relationships  
Sarah DeGue, PhD | Sarah Roby, MPH | Salon 5-6, Level B2 |
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<th>Time</th>
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<tr>
<td>11:25 AM-12:45 pm</td>
<td>Applying international lessons to a domestic setting: Adapting global gender-transformative approaches to violence prevention and sexual and reproductive health programming to the U.S.</td>
<td>Liz Miller, MD, PhD, FSAHM</td>
<td>Sierra H, 5th Floor</td>
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<td>Applying international lessons to a domestic setting: Adapting global gender-transformative approaches to violence prevention and sexual and reproductive health programming to the U.S.</td>
<td>Jane Kato-Wallace, MPH</td>
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<td>Trauma-informed: Models for integration in social service and healthcare settings</td>
<td>Sara R Duran, CHES</td>
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<td>Intersections of violence and HIV: Prevalence and interventions among trans and cisgender survivors</td>
<td>Jennifer Bentley Yore, MPH</td>
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<td>The life course development of syndemic gender-based violence, drug/alcohol use, and HIV/STIs: A retrospective cohort study of Black women at risk for HIV/STI</td>
<td>Kayomi Tsuyuki, PhD, MPH</td>
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<td>An integrated IPV-HIV risk reduction intervention for women with a history of intimate partner violence</td>
<td>Mona Mittal, PhD</td>
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<td>The complex relationship between men’s use of alcohol and other drugs and their violence toward female partners: Implications for healthcare responses</td>
<td>Angela J. Taft, MPH</td>
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<td>Collective liberation: White people’s responsibility to dismantle white supremacy and privilege</td>
<td>David Lee, MPH</td>
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<td>Health and child welfare collaborations to support survivors of trafficking</td>
<td>JoNell E. Potter, PhD</td>
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<td>The human trafficking victim medical home</td>
<td>Ronald G. Chambers Jr., MD, FAAFP</td>
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<td>Child welfare system responses to sex trafficking of adolescents: Benefits and risks of mandatory child abuse reporting and safe harbor laws</td>
<td>Abigail English, JD</td>
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<td>Using technology to promote safety and healing</td>
<td>Emily Spence-Almaguer, PhD</td>
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<td>Targeting trauma in primary care settings: Using technology to identify and improve service delivery for victims of interpersonal violence</td>
<td>Jessica Grace, LMSW</td>
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<td>If you build it, will they come? Reaching diverse women with an online safety and health intervention</td>
<td>Marilyn Ford-Gilboe, PhD, RN, FAAN</td>
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<td>There’s an app for that: A review of mobile apps for violence prevention and response</td>
<td>Jessica Draughon Moret, PhD, RN</td>
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<td>Adolescents</td>
<td>Healthy Teen Sexuality</td>
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<td>Romantic relationships: Applying research and youth voice to strengthen adolescent pregnancy prevention</td>
<td>Pamela Anderson, PhD</td>
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<td>Beyond HIV and teen pregnancy prevention: Innovating on adolescent sexual health and safety programming</td>
<td>Elsa Falkenburger, MPA</td>
<td>Sade Adeeyo, MA</td>
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| Assessment and Intervention     | Screening for perpetration, not just victimization, in mental health and primary care settings | Salon 10-11, Level B2 |
|                                 | Primary care physicians experiences with male perpetrators of intimate partner violence (IPV) and opinions regards screening for IPV perpetration in the primary care setting | Brian Penti, MD |
|                                 | Addressing intimate partner violence in couples therapy: The process of screening, assessment, and public health collaboration | Emily Nichols, MSW | Sudha Sankar, MS |

| Children                        | Trauma informed care and violence prevention in pediatric settings | Salon 1-2, Level B2 |
|                                 | Utilizing an innovative electronic tool to maximize survivor safety and ease provider needs when screening for IPV in a pediatric hospital | Jessica R. Palardy, MSW | LSW | Ashlee L. Murray, MD |
|                                 | Do we really know our patients? Piloting a trauma informed model of care in Australian pediatric hospital settings | Anita M. Moms, PhD, MSW | BSW (Hons) |
|                                 | Addressing childhood exposure to domestic violence in pediatric healthcare settings: Innovations in prevention and patient interventions | Stephen DiGiovanni, MD | Rebecca J. Hoffmann Francas, LMFT |

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<th>Community and Public Health Prevention Programs</th>
<th>Latina community centered care in three culturally committed programs</th>
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<td>Supporting Latina immigrant women survivors of gender-based violence (GBV) in the community health clinic setting</td>
<td>Annie Sylvain, MSc</td>
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<td>An empowering educational and awareness tiered initiative for Latinas and providers, to address fears/barriers that many Latinas experience when contemplating reporting D/SV, despite immigration status, focusing on reinforcing cultural pride/values</td>
<td>Elaine M. Hewins, CSW, NJ Domestic Violence Specialist</td>
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<td>Early childhood interventions for violence and trauma in a pediatric healthcare setting</td>
<td>Kira Bellolio, JD</td>
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<th>Educating and Engaging Providers</th>
<th>Supporting survivors after refugee resettlement and natural disasters</th>
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<td>Gender-based violence following the great east Japan disasters: The role of health and allied professionals</td>
<td>Mieko Yoshihama, PhD, MSW, ACSW</td>
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<td>Multilevel risk and protective factors for abuse and needs for safety planning interventions among immigrant and refugee women survivors of intimate partner violence</td>
<td>Bushra Sabri, PhD, MSW</td>
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<td>Health and mental health in resettled refugee women with a history of domestic and sexual violence</td>
<td>Anne Mantini, PhD</td>
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<td>Intersectionality in health care practice: Harmony - partnering bilingual advocates and bilingual primary care clinicians to support migrant and refugee women experiencing domestic violence</td>
<td>Angela J. Taft, MPH, PhD</td>
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<td><strong>Educating and Engaging Providers</strong></td>
<td>Sierra J, 5th Floor</td>
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<td>Training innovations in IPV and dating violence for medical students and other clinicians in training</td>
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<td>Implementing intimate partner violence (IPV) screening in a medical school setting</td>
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<td>Janice Hill-Jordan, PhD</td>
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<td>Clinical responses to teen dating abuse: Promising practices from a medical school service-learning course</td>
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<td>Alesha Istvan, MA, PhD</td>
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<td>Empowering clinicians-in-training to address domestic violence: A novel, multidisciplinary medical student elective</td>
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<td>Radhika Sharma, MPH I Sonia Oyola, MD</td>
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<td><strong>Social Determinants of Health</strong></td>
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<td>Building an intersectional movement through building the power of the margins, a workshop by and for people of color</td>
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<td>Beckie Masaki, MSW I Farah Tanis, MFT</td>
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<td><strong>Health Impact of D/SV Across the Lifespan</strong></td>
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<td>Gender based violence and HIV: New strategies to address this intersection in community settings and healthcare settings to reduce health inequities among black women</td>
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<td>Jamila K. Stockman, PhD I Edward Machtinger, MD I Kamila A. Alexander, PhD, MPH, RN</td>
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<td><strong>Health Impact of D/SV Across the Lifespan</strong></td>
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<td>IPV during pregnancy: Health outcomes and access to care</td>
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<td>Experiences of intimate partner violence during pregnancy among minority women in California, its association with postpartum depressive symptoms, and the role of social support (MIHA 2010-2014)</td>
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<td></td>
<td>Monisha K. Shaha, MPH</td>
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<td>Does disclosure of intimate partner violence prematurely reduce access to universal well-baby visits for mothers and babies?</td>
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<td>Jeannette M. Walsh, B.SocStud, M. Health Science</td>
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<td>Associations of intimate partner violence with maternal health complications and poor birth outcomes among a representative sample of mothers of children under 5 in bihar, India</td>
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<td>Anita Raj, PhD</td>
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<td>Safe and sound: A randomized controlled trial of a counselling intervention in antenatal care to address violence against women in Johannesburg, South Africa</td>
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<td>Claudia Garcia-Moreno, MD</td>
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<td><strong>Health Policy and Systems Change</strong></td>
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<td>Legislative, public health and evidence-based approaches to foster new collaborations and professional engagement</td>
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<td>Taking a policy approach to provider engagement and prevention: Texas house bill 2620 creating a task force on health care system response to intimate partner violence</td>
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<td>Krista Del Gallo, BA</td>
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<td>The movement towards violence as a health issue: Sharing and leveraging evidence-based approaches to violence prevention</td>
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<td>Shannon Cosgrove, MHA</td>
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<td>From paper to practice</td>
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<td>Taneekah M. Johnson</td>
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<td><strong>Health Policy and Systems Change</strong></td>
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<td>Implementation of IPV programs and support in the Veterans Health Administration</td>
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<td>Responses to patients’ positive screen for past-year intimate partner violence: What happens in the health care setting?</td>
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<td>Melissa E. Dichter, PhD I MSW</td>
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<td>Veterans health administration update of the intimate partner violence assistance program implementation</td>
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<td>Kelly Buckholdt, PhD I LeAnn Bruce, PhD, LCSW</td>
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<td>Implementation of the Veterans Health Administration Intimate Partner Violence Assistance Program in the country’s largest integrated healthcare system</td>
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<td>Julia Caplan, LCSW-C I Kristi Ketchum, LCSW</td>
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<td>Special and Emerging Topics</td>
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<td>Sex workers’ experiences of violence: Prevalence, interventions, and HIV risk reduction</td>
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<td>Finding common ground to address violence against sex workers</td>
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<td>Minouche Kandel, Esq.</td>
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<td>Overlapping intimate partner violence and sex trading among high-risk women: Implications for intervention strategies</td>
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<td>Tina Jiwatram-Negron, PhD</td>
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<td>Child sex trafficking associated with childhood experiences of sexual violence, pregnancy, and marriage among a representative sample of female sex workers in two U.S.-Mexico border cities</td>
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<td>Sabrina C. Boyce, MPH</td>
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<td>A brief, trauma-informed intervention to address safety and HIV risk among women who trade sex</td>
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<td>Michele Decker, ScD, MPH</td>
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<td>Vicarious trauma and resilience: Frameworks and strategies</td>
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<td>Beyond trauma informed care: Developing trauma healing practice frameworks</td>
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<td>Suzanne C. Koepplinger, MA</td>
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<td>Caring for providers: Innovations in mindful self-regulation and attunement to prevent burn out and compassion fatigue</td>
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<td>Rebecca Levenson, MA</td>
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<td>Building resilience: An organizational response to secondary trauma</td>
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<td>Tanya Draper Douthit, MSW, LSCSW</td>
<td>Lisa Fleming, MSW</td>
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ADVOCACY AND SURVIVOR PERSPECTIVES

10:40 am-12:00 pm | Salon 1-2

Sexual violence: Estimating the cost of rape, impact on health and well-being, including pregnancy and the role of personal stories to promote prevention

Amplifying voice: The role of personal stories and participatory media in challenging gender-based violence
Amy Hill, MA

Innovative/Promising Practice Program Report
This presentation will highlight the unique, community-based storytelling and participatory media methods of Silence Speaks, an international initiative of StoryCenter (see www.storycenter.org/silence-speaks). Through intensive workshops, survivors and witnesses of violence share their stories and gain skills for leadership and media production. The project addresses gender-based violence by empowering diverse survivors to create videos, radio spots, and print stories that are shared publicly in local settings and online to support education and advocacy.

PARTICIPANTS WILL:
1. Be able to describe the theory and key components of trauma-informed digital storytelling and the value the method offers for diverse survivors of gender-based violence.
2. Be able to identify techniques for eliciting culturally and linguistically diverse survivor stories.
3. Be able to outline an ethical approach to sharing diverse personal stories as tools for education, community mobilization, and advocacy.

Pregnancy following rape in a national sample
Kathleen Basile, PhD

Innovative/Promising Practice Program Report
Scientific Program Report
Rape victimization and unintended pregnancy are important public health problems. This presentation highlights the prevalence and characteristics of rape victimization followed by pregnancy in U.S. women. Data years 2010-2012 are pooled from the National Intimate Partner and Sexual Violence Survey, a telephone survey of U.S. adults. The authors also examine prevalence by race/ethnicity, the types of perpetrators, and the presence of reproductive coercion in cases of intimate partner rape. Findings and implications for prevention are discussed.

PARTICIPANTS WILL:
1. Understand how many rapes in the U.S. are followed by a pregnancy of the victim.
2. Understand the characteristics of cases of rape that are followed by pregnancy of the victim.
3. Understand the relationship between reproductive coercion by and intimate partner and pregnancy following rape.

The cost of rape: Estimating the lifetime economic burden of rape among U.S. adults to inform sexual violence prevention
Sarah DeGue, PhD

Scientific Program Report
In 2017, the CDC published an estimate of the per-victim lifetime cost and total population economic burden of rape among U.S. adults. This presentation will describe the study methodology and results with a focus on ways that communities, prevention practitioners, and other stakeholders can use this information to inform their work to prevent sexual violence.

PARTICIPANTS WILL:
1. Have increased knowledge of the total societal cost of rape in the U.S.
2. Understand how this estimate can inform sexual violence research and prevention efforts

Sexual abuse survivors in the healthcare setting: The impact of sexual abuse on a survivor's interactions and relationships with healthcare providers and the importance of a patient-centered, trauma-informed provider-patient relationship
Beth A. Docherty, BS

Innovative/Promising Practice Program Report
Scientific Program Report
Many survivors of sexual/domestic violence have difficulties in healthcare settings. Abuse memories can be triggered during medical interactions and become a barrier to effective, quality care. Providers must be ready to respond appropriately and to manage these interactions. Using case studies, this presentation highlights a program used to educate and engage healthcare professionals/students about their survivor-patients’ experiences during medical interactions. It illustrates the value of a strong provider-patient relationship and the importance of building trust, decreasing the risk of re-traumatization.
PARTICIPANTS WILL:
1. Realize the importance of holding educational sessions and interdisciplinary seminars about DV/SV with healthcare providers, professional societies and universities using impactful case studies, trauma science, health implications of violence, and screening methodologies.
2. Understand how a history of sexual violence can influence encounters with healthcare providers, and how healthcare providers play a critical role in building trust, reducing the potential for re-traumatization and increasing positive health outcomes.
3. Recognize the sometimes-subtle verbal and physical cues (red flags) and sympathetic and parasympathetic nervous system responses and PTSD symptoms that sexual abuse patients may be experiencing.

ASSESSMENT AND INTERVENTION
10:40 am-12:00 pm | Salon 14-15
Survivor empowerment through improved health access, stress management and economic independence

Your money, your future: Using economic empowerment programming to serve the needs of survivors with families receiving TANF
Alyssa Tremblay, MSW
Innovative/Promising Practice Program Report
In this session we will discuss the economic empowerment strategies KCADV has used to successfully produce evidence-based change in the lives of survivors. Maximizing local partnership and evaluation strategies are particularly emphasized in this promising program report.

PARTICIPANTS WILL:
1. Have an example of economic empowerment framework that can be used to teach financial education to survivors as a means of increasing familial stability, savings, and financial security.
2. Have tools to conduct an evaluation of the success of empowerment programming of individuals receiving intervention over a 12-month program period.

Purple clinic: Delivering innovative health care for survivors of sexual violence in a New York City federally qualified health care center
Anita Ravi, MD, MPH, MSHP
Innovative/Promising Practice Program Report

PARTICIPANTS WILL:
1. Describe the process of developing and implementing a primary care health home in a safety-net setting for survivors of sexual violence.
2. Describe the health care utilization of patients engaging in care at a clinic designed to serve people who have experienced sexual violence.
3. Recognize the complexities in providing medical care for survivors of sexual trauma resulting from the intersection of medical, mental and social determinants of health.

Domestic violence resource enhancement: Applying lessons from the courtroom in a healthcare setting
Adam Dodge, JD
Amanda Thoreson
Innovative/Promising Practice Program Report
This session will cover anxiety reducing techniques (deep breathing, grounding, tapping & meditation) that have proven effective with domestic violence survivors in a courthouse setting. The contextual application of these techniques in the healthcare field will be highlighted through different case examples pulled from the courtroom. In addition, we will cover the utility of forecasting traumatic events with survivors and how to incorporate these techniques to encourage staff wellness and self-care.

PARTICIPANTS WILL:
1. Implement resource enhancement plans as paraprofessionals for domestic violence survivors in a variety of circumstances.
2. Utilize resource enhancement tools for self-care.

ASSESSMENT AND INTERVENTION

10:40 am-12:00 pm | Salon 12-13

Traumatic brain injury: health consequences and risk assessment

Brain injury: A silent epidemic in the domestic and sexual violence population

Peggy A. Reisher, MSW

Innovative/Promising Practice Program Report

Brain Injury Alliance of Nebraska and University of Nebraska Lincoln Center for Brain Biology, and Behavior trained staff in four domestic violence programs on the effects, severity, and how to support an individual with brain injury. Training was designed to increase staff sensitivity and understanding of appropriate accommodations. Staff was asked to use a modified version of the HELPS screen when working with clients so prevalence could be calculated. Sixty percent of the women screen positive for brain injury.

PARTICIPANTS WILL:
1. Empower D/SV shelter staff to recognize and understand traumatic brain injury (TBI).
2. Articulate the incidence rate of TBI in sample urban and rural D/SV shelters.
3. Define a TBI screening tool utilized by D/SV shelter staff.

Domestic violence report and referral (DVRR) incorporating the danger assessment into the emergency department domestic violence evaluation

Hillary Larkin, PA

Innovative/Promising Practice Program Report

Domestic Violence Report and Referral is a web based reporting form, designed for use in the emergency department that incorporates the Danger Assessment questionnaire into the workflow. See how incorporating the lethality risk screen has changed the way multidisciplinary teams approach victims in the acute setting.

PARTICIPANTS WILL:
1. See the DVRR application and how the Danger Assessment is easily incorporated into its use.
2. Understand how DA scores not only inform victims of domestic violence of their risk, but also assists multidisciplinary teams providing service in the acute setting.

Traumatic brain injury: The frequently-forgotten consequence of domestic violence

Michelle Jorden, MD
Christine Hagion-Rzepka, MPH, CHES, PhDc

Innovative/Promising Practice Program Report

Over half of domestic violence (DV) victims are at risk of traumatic brain injury (TBI), yet this possibility is often overlooked. An overview of the intersection between TBI and DV will be discussed. Case studies will be presented of two DV survivors with TBI from different etiologies. Qualitative outcomes will be provided on these cases, several years post-injury. In addition, autopsy results of four deceased DV victims will be discussed, suggesting the mechanism of death in these cases.

PARTICIPANTS WILL:
1. Articulate why strangulation presents a risk of TBI for victims of domestic violence.
2. Identify overlapping symptoms of TBI and PTSD.
3. Distinguish when DV victims should be referred for neurological evaluation.

CHILDREN

10:40 am-12:00 pm | Salon 3-4

Safety, stability and nurturance: Preventing violence and supporting children

Promising futures: Best practices for serving children, youth, and parents experiencing domestic violence

Leiana Kinnicutt, MSW
Mie Fukuda, Ed M

Innovative/Promising Practice Program Report

This workshop will educate providers on the current research on evidence-based and promising interventions for children that can be provided in a variety of community settings. Participants will also learn about a variety of tools and resources that can help them enhance their practice with families.

PARTICIPANTS WILL:
1. Be able to describe a menu of effective and innovative interventions for DV-exposed children for different community settings and know where to get more information about the programs.
2. Be able to implement tools in their settings to support healing
among parents and children who have experienced violence.

What surrounds us, shapes us: Preventing violence by promoting safe, stable, and nurturing relationships and environments

Colleen Yeakle, MSW

Innovative/Promising Practice Program Report

Findings from the national Adverse Childhood Experiences Study have shown us that early experiences of significant adversity result in negative physical and emotional health outcomes across the lifespan. Conversely, the CDC has identified safe, stable, supportive relationships and environments as a promising strategy for preventing multiple forms of violence. With this workshop we will discuss innovative strategies for enhancing safety, stability and nurturance within our relationships, families, organizations and communities to promote the optimal wellbeing of all community members.

PARTICIPANTS WILL:
1. Comprehensively define the constructs of safety, stability, and nurturance at the relationship and environmental levels of the social ecology.
2. Identify the connections between safe, stable, and nurturing conditions and positive health outcomes including violence prevention.
3. Generate strategies for increasing safety, stability, and nurturance within their work.

COMMUNITY AND PUBLIC HEALTH PREVENTION PRGM
10:40 am-12:00 pm | Sierra C, 5th Floor

Elder abuse and the medical-legal model

Deirdre Lok, JD
Yvonne Troya, JD

Skill-building Workshop

Older adults’ medical needs and abilities vary greatly, depending on a broad variety of social, economic, and cultural factors including current or past experience of trauma. Aging can bring increased medical fragility, amplifying the impact of social factors such as relationships, community, and home environment. Older adults with unaddressed medical and legal issues are at risk for elder abuse, which in turn has significant deleterious impact on a victim’s health. Elder abuse victims are three times more likely to die than older adults with similar co-morbidities who are not victims of abuse. To effectively prevent and address the complexities of elder abuse, medical and legal providers must work together to provide holistic solutions. In this workshop, the presenters will describe two innovative models which effectively utilize this framework, one focused on prevention, and the other on intervention. The first, a law-school-based model, relies upon close collaboration between law school faculty, law students, and interdisciplinary medical and social work teams on-site at two outpatient medical clinics and directly in the homes of frail, homebound patients to provide free, comprehensive, upstream legal services that would otherwise be inaccessible to this vulnerable population. The second, an elder abuse shelter based in a long-term care community, provides comprehensive, trauma-informed, medical, legal and social services with the goal of helping each victim return home healthy and safe. In both models, the partnership between health-care provider and lawyer provides the comprehensive problem-solving ability and wrap-around services required to combat the impact of trauma and elder abuse.

PARTICIPANTS WILL:
1. Understand older adults unique legal and medical challenges and how social determinants of health have a more significant impact on this population.
2. Recognize, through the use of a case study, how medical legal partnerships improve quality of service delivery to older adults and how this population can specifically benefit from this model.
3. Take away ideas for how to incorporate elements from both models to provide improved services and enhanced outreach to older adult patients and clients.

EDUCATING AND ENGAGING PROVIDERS
10:40 am-12:00 pm | Sierra H, 5th Floor

A simulation and video based training program to address adverse childhood experiences in adult primary care patients

Martina Jelley, MD, MSPH
Julie Miller-Cribbs, PhD, MSW

Skill-building Workshop

Adverse childhood experiences (ACEs) are 10 categories of childhood abuse and maltreatment which have a dose-response relationship with common adult health concerns seen in primary care including health risk behaviors, chronic disease, and mental illness. Many of the ACEs-associated biopsychosocial risk factors are modifiable. However, physicians may not address these issues for fear of opening “Pandora’s Box”, i.e., a source of extensive
problems for which they are not sufficiently prepared with training, resources, or time. Primary care doctors need training in how to conduct trauma-focused conversations within the limited scope of an office visit. To address this need, we have developed and implemented a 4-hour simulation and video based training program for primary care residents on how to conduct brief interventions connecting their patients’ current health concerns with their experiences of ACEs. Resident participants have evaluated this program as preparatory for real-life encounters, and as being designed to allow for educational mastery. This workshop will present this curriculum and provide participants with skills and tools to implement it in their own sites. We will outline the five skills targeted in the program, and demonstrate the components (i.e., didactics, provider and patient videos, simulated-patient encounters, trainee feedback, and facilitated discussion that encompasses targeted skills, clinical implementation, and self-care). We will share companion tools, including the syllabus, evaluation rubric, and provider and patient resources. Participants will have the opportunity to practice trainee feedback and discuss the challenges in implementation.

**PARTICIPANTS WILL:**
1. Be able to describe a simulation and video based ACEs training program for residents or other primary care providers.
2. Be able to conduct formative trainee feedback on conducting ACEs-based brief interventions.
3. Be able to identify components of ACEs training which can be implemented at their sites and challenges related to implementation.

**EDUCATING AND ENGAGING PROVIDERS**
10:40 am-12:00 pm | Juniper

**Intersections of transgender rates of intimate violence and health disparities: A look at newly released national data**

Michael Munson, BA

*Skill-building Workshop*

Transgender individuals, communities, and issues have become more visible in mainstream media, in political discourse, and within healthcare communities in the past several years. In just the past decade, there have been at least 11 federal laws that have expanded protections and non-discrimination conditions based on gender identity or gender expression, in addition to state, regional, and local legislation that provide protection to transgender individuals. More and more professional organizations are also creating policies, protections, and guidelines for disciplines to follow in order to provide better care and services to transgender clients and communities. While popular discussion and legal protections can be very important to beginning dialogues and to protecting rights, many health and victim service providers benefit from digging deeper into current research, intersectional statistics, and best practices. Dynamically presenting transgender-specific victimization data can help providers across many disciplines integrate the wide-ranging health, social, and wellness implications for not only transgender individuals impacted directly by intimate violence, but the communities within which they live, and the broader mainstream community as well. Participants will leave with concrete strategies for improving services to transgender individuals and communities through a deeper understanding of both quantitative and qualitative data.

**PARTICIPANTS WILL:**
1. List three health conditions that are more prevalent among transgender survivors of sexual or domestic violence.
2. Articulate intersectionality and how transgender communities are impacted by violence.
3. Name three concrete action steps an agency can take to improve services to transgender survivors of sexual or domestic violence.

**HEALTH POLICY AND SYSTEMS CHANGE**

**Firing it up and sustaining trauma-informed health systems**

Trauma-informed care in a primary care setting: An integrative program

Courtney Barry, PsyD

Innovative/Promising Practice Program Report

Primary care settings are ideal for addressing trauma as a healthcare concern. To provide optimal healthcare, it is important for providers to understand and implement trauma-informed practices. This session describes how one clinic is applying trauma-informed care (TIC). This presentation will emphasize process issues, including gaining clinic buy-in, conducting a needs assessment, leveraging internal resources, and implementation of programming specific to trauma. The session will also describe the process of evoking change and overcoming TIC barriers within primary care.

PARTICIPANTS WILL:

1. Describe the key principles of trauma-informed care and their application in primary care.
2. Articulate the process of working with clinic leadership to develop a trauma-informed care program.
3. Identify available internal resources and challenges in the developmental process.

Incorporating a public health approach to address violence against women: Strengthening ties through trauma informed care, universal education, screening, and collaboration with community based organizations

Ellen Eidem, MS

Innovative/Promising Practice Program Report

With over 10 million residents, spanning more than 4,000 square miles, Los Angeles County is racially, culturally, economically, and geographically diverse. This presentation will discuss a local public health department’s approach to comprehensively address the impacts and connections between intimate partner violence, sexual violence, and human trafficking on the health of its residents. Working towards the goal of transforming individual efforts into a multidisciplinary collaboration of streamlined initiatives, activities, and resources with an emphasis on organizational change will be explored.

PARTICIPANTS WILL:

1. Define the public health approach to addressing violence against women, specifically in regards to intimate partner violence, sexual violence, and human trafficking.
2. Name three strategies LA County Department of Public Health programs have used to address intimate partner violence, sexual violence, and human trafficking.
3. Explain one way to provide violence and abuse prevention education to culturally/ethnically diverse sub populations.

The Domestic Violence and Health Collective – Orange County (DVHC-OC): A countywide, multifaceted approach to addressing domestic violence as a health issue

Allyson Sonenshine, JD
Maricela Rios-Faust, MSW, LCSW, CFRE

Innovative/Promising Practice Program Report

The DVHC-OC is an innovative four-year initiative to establish a countywide, integrated, and collaborative Health & Domestic Violence System in Orange County, CA. The purpose is to strengthen the healthcare sector’s response to DV. The key strategies include: (1) Cross-Disciplinary Training for healthcare and social service providers; (2) Central Clearinghouse; and (3) Public Health Campaign. The presentation will provide an overview of the initiative, evaluation methods including feedback from DV survivors, promising practices for building integrated partnerships, and lessons learned.

PARTICIPANTS WILL:

1. Recognize key strategies and partnerships for creating an integrated countywide or regional health and domestic violence system.
2. Identify strategic approaches for improving cross-sector collaboration between domestic/sexual violence organizations and health care providers, as well as social service providers and academic institutions.
3. Understand evaluation methodology for measuring impact and outcomes of a countywide/regional system.
HEALTH POLICY AND SYSTEMS CHANGE
10:40 am-12:00 pm | Sierra B, 5th Floor

Health policy advocacy and domestic violence
Lena O’Rourke, MPP

Symposium
Survivors and their families in the United States are currently experiencing many changes in the ways that they can access health care. Access to health care is crucial for the safety and wellness of survivors. This session will detail how new changes in federal policy impact survivors, and how advocates and health providers can influence changes being made at the federal and state levels.

PARTICIPANTS WILL:
1. Be able to understand the direction federal policy is taking on health care and likelihood of further action.
2. Describe status of specific provisions in the Affordable Care Act and Medicaid that affect survivors of domestic and sexual violence.
3. Learn about innovative practices in states to improve policy and care for victims of domestic violence.

HEALTH POLICY AND SYSTEMS CHANGE
10:40 am-12:00 pm | Salon 10-11

Transforming health systems to support survivors

Transforming the healthcare response to intimate partner violence (IPV)
Brigid McCaw, MD, MPH, MS, FACP

Innovative/Promising Practice Program Report
Over the past 15 years, Kaiser Permanente (KP) Northern California has transformed their healthcare response to IPV and dramatically improved IPV identification and intervention. The coordinated “systems model” approach, tools in the EHR and health information technology, quality measures and performance improvement methods, and learnings from implementation science, will be discussed as well as learnings from the dissemination across other KP regions. The approach and tools may be useful to other healthcare settings wanting to improve their IPV response.

PARTICIPANTS WILL:
1. Be able to describe the essential elements of a Systems-Model approach.
2. Be able to describe the role of clinician-led medical center teams, implementation tools, and performance improvement methods.
3. Be able to identify clinical tools associated with health information technology that can improve IPV services.

Preparing your healthcare system to identify and respond to victims of abuse, neglect, and exploitation
Kathleen M. Franck-Roa, MD

Innovative/Promising Practice Program Report
The identification of abuse, neglect, and/or exploitation in patients’ lives is important for optimal care. Our healthcare system formed a Domestic Violence (DV) Committee to aid physicians and staff in meeting the national recommendations for screening for DV victimization in the healthcare setting. Policy implementation and lessons learned will be discussed.

PARTICIPANTS WILL:
1. Summarize national recommendations for screening patients for IPV victimization.
2. Utilize best practice guidelines in developing a coordinated response to victims of abuse, neglect and exploitation in the healthcare setting.

Chicago’s medical response collaborative: Next steps in improving the health system’s response to domestic violence
Kathleen A. Doherty, LCSW, ICDVP
Kate Lawler, MPH, M.Div, ICDVP

Innovative/Promising Practice Program Report
The Medical Response Collaborative (MRC) of the Chicago Metropolitan Battered Women’s Network modernizes IPV service delivery by reaching survivors where they already are instead of expecting them to seek out services. The MRC creates partnerships between hospitals and IPV service providers. Partners have developed a new model of service delivery, innovative training curricula, and strategies to advocate for best practices in hospital IPV screening and identification. This workshop shares lessons learned from the first two years of the MRC.

PARTICIPANTS WILL:
1. Know specific actions to take to begin a partnership like the MRC in their own communities.
2. Increased their skills in setting specific strategies and tactics to build strong partnerships between hospital systems and IPV service providers to best respond to IPV.
RESEARCH
10:40 am-12:00 pm | Salon 5-6
Transforming health systems to support survivors

Participatory methodologies: Conducting DV research and evaluation using a social justice and transformative framework
Carrie Lippy, PhD
Josephine V. Serrata, PhD
Nkiru Nnawulezi, PhD
Susan Ghanbapour, DrPH, MA

Symposium
The purpose of this symposium is to increase attendees’ knowledge of participatory research and evaluation approaches and their use in DV programs. By increasing knowledge of participatory approaches, we hope to build the capacity of DV practitioners, survivors, and researchers to partner in equitable ways that expands the field’s knowledge and simultaneously encourages collaborations that are oriented in inclusion, empowerment, and survivor-led community transformations.

PARTICIPANTS WILL:
1. Name three ways to incorporate the expertise of program staff, participants, and community members into research and evaluations.
2. Understand the strengths and limitations of conducting participatory research and evaluations within the domestic violence field.
3. Learn about multiple approaches for conducting participatory research and evaluation, based on real-life examples.

ADOLESCENTS
1:25 pm-2:45 pm | Sierra H, 5th Floor
Creating safer college campuses: policies and considerations

Creating safer Ohio campuses
Rebecca Cline, MSW, LISW-S

Innovative/Promising Practice Program Report
This session will describe how the Ohio Domestic Violence Network (ODVN) is working with a small number of Ohio college campuses to increase perceptions of safety through assessment and implementation of prevention activities. After conducting a campus climate survey (quantitative data) and readiness for prevention assessment (qualitative data) the results are compiled into a Campus Profile that leadership can use to guide expansion of prevention and response efforts. Three case studies will be highlighted for audience members.

PARTICIPANTS WILL:
1. Identify two assessment tools campuses can use to guide planning for prevention and response to gender based violence.
2. Articulate how to use data to guide planning for prevention and response to gender based violence.
3. Understand three very difference case contexts for prevention and response to gender based violence on Ohio campuses.

Pioneering collaborative work to describe the incidence of sexual violence at the University of California and strengthen policies and services for survivors
Jennifer Wagman, PhD, MHS

Innovative/Promising Practice Program Report
This session describes a partnership between the (1) University of California (UC) Global Health Institute’s Center of Expertise on Women’s Health, Gender and Empowerment; (2) UC Office of the President; and (3) Campus Advocacy Resources and Education (CARE) sexual violence prevention advocates from ten UC campuses. We aim to estimate the UC-wide prevalence of sexual violence/assault and evaluate campus policies and programs; and produce a toolkit for other colleges/universities to evaluate campus policies and programs.

PARTICIPANTS WILL:
1. Know the 3 main groups at the University of California (UC) who are working to estimate sexual violence, assault, harassment and stalking across the 10 UC campuses, evaluate existing services and programs and improve/expand on campus-wide prevention efforts.
2. Describe the past work and accomplishments of UC President Janet Napolitano’s Task Force on Preventing and Responding to Sexual Violence and Assault (launched in June 2014).
3. Describe the current University of California research priorities and preliminary findings from related activities aimed at estimating the magnitude of sexual violence across 10 campuses; and strengthening policies and services for survivors.

Campus sexual assault: Creating an evidence base to support Title IX implementation across diverse settings
Melanie Ogleton, MHSA
Chelsea Ullman, MPP

Innovative/Promising Practice Program Report
Historically Black Colleges and Universities, Minority Serving Institutions, and commuter schools want to implement campus sexual assault prevention/response programs and fulfill their Title IX commitments, but lack implementable recommendations on how to do this successfully in their unique context. This project is a collection of implementation case studies on campuses in Washington D.C., Maryland, and Virginia. Case studies will examine how campuses are implementing prevention/response programs, and how prevention and response recommendations have been adapted to fit unique contexts.

PARTICIPANTS WILL:
1. Have an understanding of how current prevention recommendations fail to properly take into account non-traditional campuses, putting them at a disadvantage.
2. Be able to identify specific prevention implementation needs of these campuses.

ADVOCACY AND SURVIVOR PERSPECTIVES
1:25 pm-2:45 pm | Salon 10-11
Promoting survivor wellness through health and DV partnerships

Community-based advocacy in health care settings: Using qualitative and quantitative data to demonstrate the benefits of collaboration between D/SV advocate and health care providers

Emily Fanjoy

PARTICIPANTS WILL:
1. Identify the specific supports advocates provide to survivors/patients.
2. Describe the ways in which advocates positively impact health-related outcomes as shown through quantitative and qualitative analysis tools.
3. Use this information to develop similar partnerships between D/SV advocates and health care providers.

The Jane Doe Inc. Strengthening Health Care Collaborations Project in Massachusetts: Understanding advocate and survivor perspectives to advance collaborations between sexual and domestic violence organizations and health care

Tina Nappi, MSW

Advocacy and survivor perspectives to advance collaborations between sexual and domestic violence organizations and health care

PARTICIPANTS WILL:
1. Identify advocate perspectives on the health issues facing survivors and barriers to health care collaboration.
2. Discuss strategies and programming opportunities that support the development of partnerships between sexual/domestic violence organizations and health care systems.

Moving past standardized intakes: Welcoming survivors to services with a holistic approach that addresses wellness along multiple domains

Ruth Zakarin, LICSW

PARTICIPANTS WILL:
1. Identify advocate perspectives on the health issues facing survivors and barriers to health care collaboration.
2. Discuss strategies and programming opportunities that support the development of partnerships between sexual/domestic violence organizations and health care systems.

This presentation will explore a more holistic model for engaging survivors in services that moves away from the process of doing an “intake” and moves towards welcoming survivors to our programs in a way that is responsive to their pressing needs and not driven by the questions we need to ask or the data we need to collect.
PARTICIPANTS WILL:
1. Learn about the process of advocates and health care clinicians working together to address internal practices, screening for domestic violence in the health care setting, improving referrals, and increasing collaboration.
2. Explore how survivors enter services and discuss different areas of wellness and safety and how to give survivors more power over how they engage with our programs.
3. Receive guidance on how to expand on their current intake processes and have a template of discussion topics they can utilize with survivors.

ASSESSMENT AND INTERVENTION

1:25 pm-2:45 pm | Sierra I, 5th Floor
Supporting high risk survivors in emergency departments

Strategies for safety: IPV crisis referrals in Philadelphia hospital emergency rooms
Akea Williams, BS, MA Candidate
Sandra Bamford, MSW, LSW

Innovative/Promising Practice Program Report
At Aria-Jefferson Health Hospitals and Einstein Medical Center in Philadelphia, universal screening for IPV with the potential referral to the IPV counselor is part of the standard of care for all patients in the emergency room. IPV crisis referrals from the ER require a multidisciplinary team approach to increase patient safety during their ER visit and once they leave the hospital. To demonstrate approaches to IPV crisis referrals in the ER, a case example from each hospital will be highlighted.

PARTICIPANTS WILL:
1. Outline an effective strategy for IPV counselors to work in hospital emergency rooms.
2. Apply approach for developing lasting relationships from the level of referring, front line staff in emergency rooms through the level of hospital administrators.

A qualitative study on intimate partner violence screening practices by registered nurses in the emergency department
Theresa M. Fay-Hillier, DrPH, MSN, PMHCNS-BC

Innovative/Promising Practice Program Report
Although health care providers are encouraged to screen for intimate partner violence (IPV), most studies have indicated that routine screening does not consistently occur. The purpose of this study was to explore the experiences, views, and perceptions of RNs working in the emergency department with regard to screening for IPV. Most of the nurses indicated a lack of clinical preparedness through their formal educational experiences, or through hospital in-services, to address screening for IPV.

PARTICIPANTS WILL:
1. Identify 2-3 motivators and/or obstacles encountered by ED RNs when screening for IPV that could be incorporated into future training programs.
2. Describe 2-3 methods staff ED RNs can participate in the development of ED protocols, policies, and training programs regarding IPV screening and interventions by staff ED RNs.

Domestic violence report and referral (DVRR): Creating a bridge between emergency departments, highest risk domestic violence victims, and comprehensive domestic violence services using technology to simplify the health care response and improve outcomes
Hillary Larkin, PA

Innovative/Promising Practice Program Report
Domestic Violence Report and Referral (DVRR) is a web based reporting form designed for use in the emergency department which creates a bridge between emergency departments highest risk victims and comprehensive domestic violence services. DVRR standardizes the report format, incorporates more forensically relevant information, and aggregates data across regions. As the health care industry transitions to the electronic medical record this application leverages the technology to simplify the health care response and improve patient outcomes.

PARTICIPANTS WILL:
1. See a full demonstration of the DVRR application and its implementation.
2. Understand how the use of the application has increased DV recognition in the ED and improved the number of patients successfully referred to DV services.
3. See how the DVRR workflow improves hospital compliance and creates a data base the can be used by health care, law enforcement, and advocacy.
ASSESSMENT AND INTERVENTION
1:25 pm-2:45 pm | Salon 1-2

The danger assessment with indigenous populations (Danger Assessment-Circle): A case study in adapting assessment tools and interventions to specific cultural groups

Jacquelyn Campbell, PhD, RN, FAAN
Gail Dana-Sacco, PhD, MPH
Teresa N. Brockie, RN, PhD
Meredith E. Bagwell-Gray, PhD, LMSW

Symposium
The Danger Assessment (DA) is the only domestic violence risk assessment instrument that has been created for use by and with domestic violence survivors, as a tool to assist survivors in recognizing their own risk and support safety planning with advocates. There is a growing recognition that risk factors for domestic violence homicide vary across diverse populations. The DA was revised by the Alberta Council of Women’s Shelters First Nations’ shelter directors, advocates, and survivors for use with indigenous women on tribal lands. The resulting DA-Circle gathers information on patterns of violence experienced by indigenous women in a format based on the Medicine Wheel, using a more story telling (rather than linear) approach. Data from Alberta indicated that indigenous women and advocates found the adaptation of the Danger Assessment more culturally appropriate and helpful for safety planning. Building on this foundation, the DA-Circle is being further adapted for U.S. Native American women based on culturally-specific risk and protective factors. This qualitative research analyzes data from focus groups conducted with knowledgeable practitioners serving indigenous survivors of intimate partner violence (IPV) and from individual interviews with Native American survivors. The findings of this study inform the adaptation of the DA-Circle. The two primary symposium purposes are to: (1) describe preliminary findings of culturally-specific risk and protective factors for IPV and intimate partner homicide among Native American women; and (2) utilize the DA-Circle project as a case example illustrating the collaborative process of creating culturally relevant interventions and assessments with tribal communities.

PARTICIPANTS WILL:
1. Gain knowledge of culturally-specific risk and protective factors for intimate partner violence among Native American women and principles of collaboration with tribal communities.
2. Apply the case-study methodology presented to other population-specific cultural adaptation projects.
3. Learn through sharing experiences with cultural adaptation (including successes and lessons learned) with fellow participants.

ASSESSMENT AND INTERVENTION
1:25 pm-2:45 pm | Salon 3-4

Trauma treatment in the context of domestic violence: What do we know? What do we need to consider?

Carole Warshaw, MD
Mary Ann Dutton, PhD
Gwendolyn D Packard

Symposium
The purpose of this symposium is to extend current knowledge on trauma treatment by examining the strengths and limitations of evidence-based interventions that have been adapted for survivors of domestic violence and by discussing the implications for future research and practice. It will focus on three key dimensions that have been identified as critical for providing trauma treatment in the context of DV: (1) attention to ongoing risk and coercive control; (2) attention to the cumulative effects of trauma across the lifespan, including the ongoing legacies of political and historical trauma; and (3) attention to culturally specific values, priorities, and concerns. The session will provide a framework for considering elements that are largely unaddressed in the existing DV-specific treatment literature, including a discussion of the applicability of complex trauma treatment models that have not yet been tested in the context of DV; a discussion of the impact of historical trauma on DV survivors and their communities; and a discussion about Indigenous approaches to healing, including the broader implications of more holistic and collective approaches and the need for more culturally resonant research designs.

PARTICIPANTS WILL:
1. Be able to discuss the strengths and limitations of existing evidence-based trauma treatment modalities for survivors of DV.
2. Be able to discuss key considerations in developing trauma treatment paradigms that are responsive to survivors of DV: attention to ongoing risk and coercive control; attention to the cumulative effects of trauma across the lifespan including ongoing legacies of political/historical trauma; and attention to culturally specific values, priorities, and approaches.
ASSESSMENT AND INTERVENTION
1:25 pm-2:45 pm | Juniper

Universal education: Evidence based intervention for addressing DSV in health settings
Erica Monasterio, MN, FNP-BC

Skill-building Workshop
This workshop will describe an evidence and trauma-informed method for addressing domestic and sexual violence (DSV) in health settings. Because of the many poor health outcomes of experiencing DSV, health providers play a crucial role in promoting survivor health and DSV prevention. Using the CUES (Confidentiality, Universal Education, Support) evidence-based approach, participants will be able to train providers on how to talk with patients about healthy vs. unhealthy relationships and their impact on patient health.

PARTICIPANTS WILL:
1. Be able to name three reasons for the importance of a trauma-informed approach to IPV assessment in health settings.
2. Be able to describe 3 elements of an evidence-based strategy for integrating universal education and brief counseling interventions into health care settings.
3. Be able to prioritize necessary clinic-level changes to promote trauma-informed approaches to IPV assessment.

COMMUNITY AND PUBLIC HEALTH PREVENTION PRGM
1:25 pm-2:45 pm | Salon 12-13

"Boys will be boys" is not an excuse: Tools to challenge hyper-masculinity in a climate of "locker room banter"
Natalie A. Clifford
Bianca A Villani
Jeff Devereaux

Skill-building Workshop
The purpose of this workshop is to assist advocates, social workers, and other service providers in developing language and activities to support adolescents as they challenge rigid gender norms. We aim to support adults in having the confidence to address these topics with youth. The theme of this workshop focuses on understanding how to navigate the current political and social environment, and the accompanying dangers of hyper-masculinity. In this last election cycle, powerful political leaders normalized violent attitudes and behaviors towards women and LGBTQ people, which in turn have sent toxic messages to our youth regarding what types of masculinity are socially acceptable. Going forward, service providers face unprecedented challenges in effectively supporting youth to unlearn rigid social / gender norms.

PARTICIPANTS WILL:
1. Have examples of educational techniques to address hyper-masculinity with the populations they serve.
2. Acquire ideas regarding how we can remain consistent in naming sexual violence in a climate where violent attitudes and behaviors have become more socially permissible.
Feasibility of screening for adverse childhood experiences (ACES) in a prenatal population
Kelly C. Young-Wolff, PhD, MPH

Innovative/Promising Practice Program Report
Women with a history of adverse childhood experiences (ACEs) are at increased risk for prenatal depression, obstetric problems, and premature delivery. Screening pregnant women for ACEs can help clinicians to identify patients who may be in need of extra services to minimize the negative health effects on the victims and their children; yet, few clinicians currently screen for ACEs as part of prenatal care. The purpose of this pilot study is to examine the feasibility and acceptability of adopting ACEs screening and resilience questionnaire as part of standard prenatal care in two Kaiser Permanente Northern California (KPNC) women’s health clinics.

PARTICIPANTS WILL:
1. Learn about the feasibility of screening for adverse childhood experiences in a prenatal population.
2. Gain knowledge of how ACEs are associated with relevant health outcomes in prenatal patients.

Factors predicting emotional and behavioral resilience in children exposed to intimate partner violence in early life
Alison T. Fogarty, BA(Honours), PhD candidate

Scientific Program Report
This session will discuss findings from a large prospective study of mothers from Melbourne, Australia, following the birth of their first child. Taking a resilience perspective, this study found that 38% of children who were exposed to IPV in early life, displayed emotional and behavioral resilience at 4 years of age. This study identified protective and resource factors associated with this resilience, highlighting the influence maternal factors have in this process.

PARTICIPANTS WILL:
1. Have an increased awareness of protective factors which may buffer the risk of exposure to domestic violence in children.
2. Gain an understanding into the help seeking behaviors of new mothers who are experiencing domestic violence.

Exploring the occurrence of pregnant women’s experiences with abuse from multiple partners
Linda Bullock, PhD, RN

Scientific Program Report
The DOVE RCT is one of the few studies that has followed pregnant women experiencing IPV throughout pregnancy and two years post-delivery. This allowed us to examine patterns of abuse including timing of abuse as well as the presence of multiple abusers. Data demonstrates the chaotic lives that many women and their children experience and highlights the need for further research aimed at understanding the impact of varied patterns of abuse in the perinatal period on both women and children.

PARTICIPANTS WILL:
1. Be able to discuss the prevalence of multiple partners in the lives of pregnant women.
2. Be able to integrate the implications of the findings into their own practice.

Thriving families: Integrating promising practices and an anti-oppression framework to center solutions on underserved parents and their children who have experienced abuse
Melissa Ruth, MS, LCPC
Mercedes Muñoz, MPA

Innovative/Promising Practice Program Report
Recognizing intersecting and compounding oppressions can shift conversations with underserved communities, community based programs, and health systems toward equitable solutions centered on the needs of marginalized communities. Concurrently, institutionalizing and adapting promising practices enhances consistent and equitable service delivery. This approach can be highly transformative to individuals, organizations, and institutions who commit to it, and is the logical next step in enhancing existing promising practices to address the needs of abused parents and their children.

PARTICIPANTS WILL:
1. Be able to identify specific actions they can take to increase meaningful access to services for abused parents and their children from underserved communities.
2. Be able to identify approaches to foster a climate where social equity is institutionalized within health and domestic violence services delivery systems.
3. Have access to a Decision Matrix Tool to analyze training curricula, policies, and procedures for enhanced social equity.
Using quality improvement data from the electronic medical record to assess effectiveness of intimate partner violence screening in the healthcare setting

Krista J. Kotz, PhD, MPH

Innovative/Promising Practice Program Report
Kaiser Permanente Northern California, a large (4 million members), integrated healthcare system made up of several medical centers, uses automated systems to track identification of intimate partner violence among patients. This metric allows ongoing assessment of the effectiveness of operational changes aimed at improving IPV identification. A detailed description of data collection and metric calculation will be provided, as well as how the data have been used to assess effectiveness of intimate partner violence screening tools and processes.

PARTICIPANTS WILL:
1. Be able to describe how the data for Kaiser Permanente’s IPV metric is gathered from automated systems.
2. Be able to describe how the IPV metric is calculated.
3. Be able to describe how the metric can be used to assess effectiveness of IPV screening tools and processes.

Making the business case for intimate partner violence programming in the medical setting

Vashti Bledsoe

Innovative/Promising Practice Program Report
This presentation will highlight the lessons learned from one hospital-based intimate partner violence program’s business-planning initiative. Lutheran Settlement House enlisted the services of a healthcare consultation firm with the goal of tailoring our program to the financial realities of the healthcare landscape. This workshop will share lessons learned about IPV and healthcare partnerships from the “business” lens in order to assist other programs and community-medical partnerships in obtaining financial support for their work.

PARTICIPANTS WILL:
1. Describe the barriers to applying business principles to programs serving intimate partner violence (IPV) survivors.
2. Identify strategies for framing IPV programming to healthcare administrators and other potential partners from the for-profit

Can a multi-sector pre-exposure prophylaxis collaboration with IPV service providers and healthcare providers impact women’s fight against HIV/AIDS?: A qualitative study

Tiara C. Willie, MA

Scientific Program Report
Developing cohesive collaborations between IPV service, reproductive health, and PrEP providers can allow these providers to use their combined strengths to promote PrEP awareness and access in a trauma-informed way.

PARTICIPANTS WILL:
1. Identify potential barriers and facilitators to a multi-sector collaboration between IPV service providers and healthcare providers interested in delivering PrEP and IPV-related services to women who experience IPV.
2. Identify strategies that support the development of multi-sector collaborations between IPV service providers and healthcare providers.
Associations between violence- community violence and IPV- and incident STI among heterosexual African American males in Washington DC

Anita Raj, PhD

Scientific Program Report
Among this sample of socially disadvantaged heterosexual African American men in Washington, DC, one in five reported a history of IPV perpetration, and more than half reported the need to use violence to survive in their community. Community violence was not associated with STI, and IPV was negatively associated with STI in this sample, the latter finding in direct contradiction to prior research on IPV and men’s sexual risk behaviors and self-reported STI in the US, which needs further study.

 PARTICIPANTS WILL:
1. Identify whether violence- community violence and IPV- is associated with sexually transmitted infections among socially vulnerable African American males in Washington, DC.
2. Consider how violence affects risk for STI in this population and discuss potential solutions integrating violence and STI prevention.

Effects of Sava syndemic on HIV treatment adherence and disease progression among women in Baltimore

Jocelyn Anderson, PhD, RN

Scientific Program Report
This session will present the prevalence of IPV, substance abuse and mental health symptoms among a sample of women living with HIV. The impact of these factors on HIV treatment adherence and laboratory markers will also be discussed.

 PARTICIPANTS WILL:
1. Describe the SAVA (Substance Abuse, Violence, HIV/AIDS) syndemic.
2. Describe the impact of intimate partner violence, mental health, and substance abuse on adherence to HIV care and HIV treatment markers in the presented study.

Spatial analysis of factors of the built environment and sexual violence among Black women at high risk for HIV/STI

Gibran Mancus, MSN-Ed, RN

Scientific Program Report
A brief introduction to spatial analysis as a set of tools for data collection, analysis, policy, and resource allocation through modeling geographically-referenced factors and sexual violence. The spatial analysis of historical and population level data, violent crime, and vacant housing, will aid in the exploration of the application of spatial analysis for research and practice.

 PARTICIPANTS WILL:
1. Describe the fundamentals of Spatial Science including Spatial Data, GIS and Spatial Statistics.
2. Conceptualize and apply spatial science to their research and practice.
3. Visualize key factors of the built environment correlated with increased risk for sexual violence.

SOCIAL DETERMINANTS OF HEALTH
1:25 pm-2:45 pm | Sierra J, 5th Floor

Culturally responsive services and programs for indigenous women and lessons from an Alaska Native wellness initiative

Denise Wilson, PhD

Innovative/Promising Practice Program Report
Recognizing traditional Indigenous knowledge and the ways in which Indigenous women keep safe is crucial to providing culturally and effective responsive services. An explanation will be presented on the processes and strategies Indigenous women use to keep safe within ‘unsafe’ relationships, will draw upon ancestral and traditional knowledge from elders, and the life stories from Maori women in ‘unsafe’ relationships to decolonize current unhelpful constructions about Indigenous women and safety.

 PARTICIPANTS WILL:
1. Have an enhanced understanding of complex and factors affecting Indigenous women living family violence.
2. Have an understanding of the negative effects of colonization on how Indigenous peoples experience service provision.
3. Recognize the crucial role of culturally responsive service provision.
Reclaiming our spirits: An innovative culturally safe health promotion program for Indigenous women
Colleen Varcoe, RN, BSN, MEd, MSN, PhD
Marilyn Ford-Gilboe, PhD, RN, FAAN

Innovative/Promising Practice Program Report
In Reclaiming Our Spirits we created a version of iHEAL, a unique intervention for women who have experienced violence for Indigenous women. In a cohort study (n=152) women experienced significant improvements in quality of life, depressive symptoms, trauma symptoms, social support, personal and interpersonal agency, and mastery immediately following the intervention. Improvements were sustained at 6 month follow-up. Women describing their experiences with the intervention in clips from a documentary complement our results.

PARTICIPANTS WILL:
1. Explain how iHEAL, an intervention designed to promote the health and wellbeing of women who have experienced intimate partner violence, was tailored to the context and experiences of Indigenous women living in an urban context, including the integration of culture and traditional practices.
2. Describe the experience and impact of Reclaiming Our Spirits on women.
3. Discuss the impact of the intervention and identify the potential applicability of this intervention and adaptation process to other communities.

Disrupting the intergenerational transmission of trauma: Southcentral foundation family wellness warriors initiative
Polly Andrews, BA
Lily Gadamus, PhD

Innovative/Promising Practice Program Report
Southcentral Foundation’s Family Wellness Warriors Initiative uses a culturally-centered resiliency model to address the needs of adult survivors of domestic violence, child sexual abuse, and child neglect to break the cycle of abuse in the Alaska Native community. FWWI trainings use culturally-derived techniques including sharing story, listening and responding, facilitator participation, and healthy relationships. Evaluation results show statistically significant improvements on standardized measures of protective and risk factors. Focus group results also documented transformative change among participants.

PARTICIPANTS WILL:
1. Explain why healing trauma is an important strategy for preventing family violence.
2. Describe two techniques for building family wellness that draw on Alaska Native cultural strengths.
3. Relate how healing trauma led to other positive changes in family life for program participants.
Sports culture as an opportunity to prevent sexual violence
Jennifer Bentley Yore, MPH

Scientific Program Report
Sport systems are uniquely positioned to reach large numbers of players/coaches/parents/administrators and encourage values and behaviors that aim to prevent sexual violence in America. Multilevel approaches to prevent sexual violence can be implemented and supported within sport systems and will be shared with session participants. Discussion will be held on opportunity to advance work in the field of sexual violence prevention within the sport system.

PARTICIPANTS WILL:
1. Identify how sport culture is positioned to contribute to sexual violence prevention.
2. Participants will be able to describe resources available to support sexual violence prevention in sport.

Media advocacy: A tool for shifting the discourse and changing policies to prevent teen dating violence
Pamela Mejia, MS, MPH

Innovative/Promising Practice Program Report
Middle and high schools are an important site for preventing teen dating violence (TDV). But before school-based prevention can happen, advocates must first understand what education leaders know - and don’t know - about the issue. Since the news is how many educators first learn about teen dating violence, we review how the news frames TDV, and discuss message themes that can help move key stakeholders to take action to prevent teen dating abuse and other forms of violence.

PARTICIPANTS WILL:
Participants will:
1. Explain the role of news coverage in shaping how the public, policymakers, and education leaders understand teen dating abuse.
2. Describe how California news frames teen dating violence.
3. List messages that make the case for policy intervention to prevent teen dating violence.
Substance abuse as a barrier to intimate partner violence service provision: A statewide needs assessment
Lindsay B. Gezinski, PhD

Scientific Program Report
This study explored survivors’ substance abuse needs from the perspective of domestic violence service organization providers. Themes revolved around (1) an insufficient supply of substance abuse programming and (2) concerns about safety. Lack of services was highlighted in relation to Medicaid and zero tolerance policies. Concerns regarding safety of non-drug using clients, children, and staff were discussed. Findings suggest the importance of more flexible funding mechanisms for substance using survivors, the expansion of substance abuse programs, and Housing First policies.

PARTICIPANTS WILL:
1. Understand an overview of the substance abuse and intimate partner violence literature.
2. Identify the specific needs of addressing substance abuse among survivors.
3. Recognize the policy and practice implications associated with the intersection of substance abuse and intimate partner violence.

The mind and body in crisis: An examination of somatic indicators among users of interpersonal violence programs
Jessica Grace, LMSW

Scientific Program Report
This presentation will cover the use of the SRQ-20 instrument in exploring the somatic and psychiatric distress among survivors of interpersonal violence. Furthermore, the presentation will focus on the possible integration of SRQ-20 as a screening tool for predicting and preventing interpersonal violence.

PARTICIPANTS WILL:
1. Learn to explore indicators of somatic and psychiatric distress and consider programmatic implications for programs serving survivors of interpersonal violence.
2. Learn to examine the use of the SRQ-20 as a screening tool and propose methods of integrating health services in interpersonal violence settings.

ASSESSMENT AND INTERVENTION
3:40 pm-5:00 pm | Salon 12-13
Survivor and community centered strategies for research and programming

Reclaiming cultural identity and cultural practice is good for health
Chelsie Haunga, MA
Cristina Arias

Innovative/Promising Practice Program Report
Highlighting and reclaiming cultural identity has distinct potential for contributing to good health. Through cultural practice and reinforcement of values embedded in the culture, survivors advance personal and family healing. Ho‘oikaika ‘Ohana, a program devoted to healing for native Hawaiian families and rebuilding after the harm suffered, employs a 9 month curriculum to strengthen self, bond with children and involve ohana (family). Program and agency staff will describe the unique design of the program, offer insights learned through this pilot, and provide the opportunity to participate in a culturally relevant activity, employed as one avenue for healing by Ho‘oikaika ‘Ohana participants.

PARTICIPANTS WILL:
1. Understand the relationship between cultural practice and good health
2. Become familiar with a program model that uses culturally
resonant activities to re-build, strengthen and harmonize family relationships damaged by abuse

Partnership to facilitate re-entry: Addressing the health needs of formerly incarcerated individuals
Neha Sikka, MD Candidate
Jimmitti Teysir, MD Candidate
Innovative/Promising Practice Program Report
Approximately 30,000 women are currently incarcerated, on parole, or on probation in New York State. Over half of incarcerated women have a history of IPV, with incarceration itself further harming their wellbeing. This presentation will describe a Community-Based Participatory Research (CBPR) partnership approach, involving medical students and the nonprofit organization STEPS, designed to address the needs of women returning home in East Harlem. We aim to facilitate meaningful change in public health and the penal system at large.

PARTICIPANTS WILL:
1. Understand the barriers to successful re-entry of formerly incarcerated women, the majority of whom are survivors of domestic violence, with a particular focus on physical and mental health.
2. Learn about the utility of the Community-Based Participatory Research (CBPR) model, as a highly collaborative and equitable approach to health research and policy.
3. Navigate the landscape of key organizations, clinics and resources in New York City that provide services for formerly incarcerated individuals.

It is our due diligence: Expansion of the use of safety protocols in research involving women
Jamila K. Stockman, PhD, MPH
Innovative/Promising Practice Program Report
Utilization of safety protocols has become standard practice when conducting research involving abused women. Yet, evidence shows that non-abused women may benefit by such protocol. This study examined women's risk for homicide or severe injury by an intimate partner (i.e., potential lethality).

PARTICIPANTS WILL:
1. Identify types of risk, including homicide or severe injury by an intimate partner (i.e., potential lethality).
2. Understand the necessity of implementing safety protocol methods into research studies.
3. Learn how to tailor safety protocol methods based on women's risk.

A randomized, wait-list controlled trial of a Qigong intervention program on telomerase activity and psychological stress in abused Chinese women
Shuk Ting Denise Cheung, PhD, MPhil, BNurs
Scientific Program Report
The study was the first randomized controlled trial to evaluate the effects of a Qigong intervention on the telomerase activity and psychological stress of women with a history of IPV. The potential of the Qigong intervention in alleviating the negative effects of IPV on health has been demonstrated with implications for research, practice, and policy.

PARTICIPANTS WILL:
1. Describe the effects of Qigong on well-being of abused Chinese women.
2. Identify the implications of the study.

COMMUNITY AND PUBLIC HEALTH PREVENTION PRGMS
3:40 pm-5:00 pm | Salon 10-11
Exploring the role of college student health centers in sexual violence prevention and intervention
Jocelyn Anderson, PhD, RN
Carla Chugani, PhD, LPC
Lisa Ripper, MPH
Symposium
This symposium will explore the role of student health centers in sexual violence prevention and intervention on college campuses. Using preliminary findings from a cluster-randomized controlled trial of a campus health center-based intervention for sexual violence and alcohol use, we will present the rationale for involving health centers in sexual violence prevention efforts, stakeholder (including provider and student) perspectives, and lessons learned from intervention implementation. We will focus particular attention on populations at increased risk for sexual violence on campus including students with disabilities, students with prior histories of trauma, and sexual minority students.
PARTICIPANTS WILL:
1. Identify key components of the GIFTSS (Giving Information for Trauma Support & Safety) intervention designed for college health centers and how it can be incorporated into campus clinical settings.
2. Have a greater understanding of the prevalence and correlates of sexual violence in high risk college student populations including students with disabilities and students who experienced violence prior to entering college.
3. Understand differences in mental health symptoms in college students who have experienced sexual violence as compared to students without such experiences and potential strategies for intervention.

EDUCATING AND ENGAGING PROVIDERS
3:40 pm-5:00 pm | Sierra I, 5th Floor
Programs that support survivors who experience additional barriers to services and safety

Drug policy reform, harm reduction approaches and DV service expansion to improve support for women who use drugs
Beverly Upton, BA
Kenneth Kim, PsyD
Innovative/Promising Practice Program Report

PARTICIPANTS WILL:
1. Learn how harm reduction principles are applied in programs for people who use intravenous drugs and other substances.
2. Learn how substance use creates barriers to support and treatment to women who are seeking safety from domestic violence.
3. Consider and discuss how harm reduction approaches and expanded domestic violence services could improve access to support and treatment for survivors of domestic violence.

Supporting the health of survivors of domestic violence with disabilities: Recommendations for healthcare providers
Michelle S. Ballan, PhD
Scientific Program Report

PARTICIPANTS WILL:
1. Understand the health risks faced by survivors of domestic violence with disabilities.
2. Learn specific recommendations to address domestic violence with survivors with disabilities.
3. Learn how substance use creates barriers to support and treatment to women who are seeking safety from domestic violence.
3. Consider and discuss how harm reduction approaches and expanded domestic violence services could improve access to support and treatment for survivors of domestic violence.

HEALTH IMPACT OF D/SV ACROSS THE LIFESPAN
3:40 pm-5:00 pm | Salon 5-6
Abuse across the lifespan: impact on telomeres, cancer, cardiovascular disease, and menopause

Teen dating violence sequelae at psychosocial and cellular levels
Candace W. Burton, PhD, RN, AFN-BC, AGN-BC, FNAP
Scientific Program Report
The goal of this study was to explore the biobehavioral sequelae of teen dating violence (TDV). Aims were to examine the relationships among epigenetic alterations, acquired chromosomal changes, biologic stress measures, and biobehavioral characteristics in a sample of female, monozygotic twin pairs ages 18-21, discordant for TDV. Results indicate that Beck Depression Inventory-II mean score was higher among the affected women than among the unaffected twins and that mean telomere lengths were higher among the unaffected twins than affected women.

PARTICIPANTS WILL:
1. Have a basic understanding of the mechanisms by which teen dating violence can have cellular-level effects on survivors.
2. Be familiar with some psychosocial characteristics of young adult women with histories of teen dating violence.

Violence against women affects cancer risk and cancer-related quality of life
Ann Coker, PhD, MPH
Scientific Program Report
In a large cohort of 3,278 women recently diagnosed with cancer, 1,221 (37.3%) disclosed lifetime IPV (10.6% sexual, 24.5% physical, and 33.6% psychological IPV). Both current and past IPV were associated with poorer mental and physical health functioning defined as having more symptoms of depression and stress or anxiety and lower Functional Assessment of Cancer Therapy (FACT) scores for physical, emotional, social, and spirituality well-being. Including clinical IPV screening and referrals for newly diagnosed cancer patients may improve women’s QOL.
PARTICIPANTS WILL:
1. Be able to describe how (mechanisms) violence against women (sexual violence and intimate partner violence) may impact about cancer risk and outcomes.
2. Evaluate whether violence impacts risk of specific cancers or negatively impacts cancer care or recovery outcomes based on data presented.

**Getting to the heart of the matter: Lifetime violence as a risk factor for cardiovascular disease among women**
Kelly A. Scott-Storey, RN, MN, PhD

*Scientific Program Report*
Lifetime interpersonal violence is a gendered risk factor for heart disease among women. Study findings and practice implications from a quantitative study of 227 Canadian women who have experienced IPV will be discussed.

**PARTICIPANTS WILL:**
1. Better understand the importance of mental health in the context of cumulative violence when assessing/treating cardiovascular disease risk among women.
2. Better understand the long-term effects of cumulative lifetime violence on heart disease risk among women.

**Interpersonal violence, post-traumatic stress disorder, and symptoms related to menopause and aging among community-dwelling older women**
Carolyn J. Gibson, PhD, MPH

*Scientific Program Report*
Research on the prevalence and health-related impact of interpersonal violence and posttraumatic stress disorder (PTSD) has largely focused on reproductive-aged women. In this session, I will describe efforts to assess lifetime interpersonal violence exposure and current PTSD in a large sample (n=2106) of community-dwelling midlife and older women. I will report on findings examining associations between these exposures and risk for disruptive symptoms related to menopause and aging, including vasomotor symptoms, sleep disturbance, and genitourinary complaints.

**PARTICIPANTS WILL:**
1. Identify trauma-related risk factors for menopause- and age-related symptom experiences among midlife and older women.
2. Understand the impact of menopause and age-related symptoms on daily functioning, well-being, and health care utilization.

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**Quantifying the health burden of lifetime violence experiences**
Heather M. Bush, PhD

*Scientific Program Report*
Although literature exists on the co-occurrence of multiple forms of child and adult violence exposure over the lifespan, few studies have documented the associated health outcomes of these exposures in graded aged cohorts. To this end, we examine the complex relationships between different typologies of violence exposure and the potential health burden in three age cohorts using Structural Equation and Multiple Indicator, Multiple Cause (MIMIC) Models.

**PARTICIPANTS WILL:**
1. Understand the health impact for women experiencing sexual and domestic violence occurring in combinations with childhood abuse.
2. Be introduced to models that incorporate multiple factors to quantify the overall health burden of women exposed to violence.

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**HEALTH IMPACT OF D/SV ACROSS THE LIFESPAN**
3:40 pm-5:00 pm | Sierra H, 5th Floor

**Experiences of violence among women veterans: prevalence, health impact, and responses**
Melissa E. Dichter, PhD, MSW

*Scientific Program Report*
The United States Veterans Health Administration (VHA) has recently implemented routine screening for patient experience of past-year intimate partner violence (IPV) in select healthcare facilities. This study provides a first look at the IPV screening responses and demographic, clinical, and health services use characteristics associated with a positive IPV screen among nearly 9,000 women screened. Study findings provide insights into positive screen rates among various patient subgroups, risk factors associated with recent IPV exposure, and opportunities for follow-up support.
experienced military sexual trauma (MST) in which we explored the differential effectiveness of yoga versus gold standard evidence-based psychotherapy for PTSD on PTSD symptom severity, co-occurring major depressive disorder (MDD) and chronic pain.

**PARTICIPANTS WILL:**

1. Articulate the rationale for the development of alternative PTSD treatments beyond current gold standard evidence-based psychotherapy.
2. Describe the potential effectiveness of trauma-sensitive yoga compared to cognitive processing therapy for PTSD and major depression.

**Profiles of lifetime adversity and risk for current IPV among women veterans in VA primary care**

Rachel Kimerling, PhD

**Scientific Program Report**

Multiple, intersecting, social and structural factors shape vulnerability to adverse childhood experiences (ACEs). Adverse experiences in the military, (combat exposure, military sexual trauma), may continue trajectories of adversity. We used a large national study of women using VA primary care to examine distinct profiles of childhood and military adversity, and test whether these profiles differ in predicting risk for current intimate partner violence (IPV). Implications for healthcare interventions targeting social determinants of health are discussed.

**PARTICIPANTS WILL:**

1. Identify prevalence of adverse experiences among women veterans.
2. Consider how patterns of lifetime adversity shape risk for IPV.

**Trauma-sensitive yoga as an alternative to gold-standard psychotherapy for treatment of posttraumatic stress disorder (PTSD) and co-occurring major depressive disorder (MDD) and chronic pain**

Ursula A. Kelly, PhD, APRN, ANP-BC, PMHNP-BC

**Scientific Program Report**

Yoga is used increasingly as a complementary and integrative health modality to treat posttraumatic stress disorder (PTSD), particularly within the VA, however, there is very little standardization or evaluation of this approach. We will present the results of a feasibility study with women veterans with PTSD who experienced military sexual trauma (MST) in which we explored the differential effectiveness of yoga versus gold standard evidence-based psychotherapy for PTSD on PTSD symptom severity, co-occurring major depressive disorder (MDD) and chronic pain.

**PARTICIPANTS WILL:**

1. Articulate the rationale for the development of alternative PTSD treatments beyond current gold standard evidence-based psychotherapy.
2. Describe the potential effectiveness of trauma-sensitive yoga compared to cognitive processing therapy for PTSD and major depression.

**Alternative modalities for healing from trauma**

Kiara Lee, MSW

Elizabeth Wilmerding

**Innovative/Promising Practice Program Report**

In this interactive workshop, participants will explore alternative healing modalities such as healing circles, body movement, art,
and more. Participants will understand how these modalities can support survivors of violence in their healing journeys and how they can promote health and wellness in marginalized communities.

**PARTICIPANTS WILL:**

1. Understand how alternative healing modalities can be effective in engaging marginalized communities in health and wellness.
2. Be able to describe the UC Berkeley PATH to Care Center’s holistic approach to the health and wellness of survivors and their practitioners.
3. Have experienced a sampling of healing modalities, and will be able to apply these healing modalities to their practice and personal self-care.

**Communicating through the heart, head, body and Capacitar tools for self care and healing**

James Encinas
Linda Chamberlain, MPH, PhD

*Innovative/Promising Practice Program Report*

This workshop introduces participants to exercises and tools that may avert some of the long-term health impacts of adverse childhood experiences. Participants will engage in the application of active listening skills, healing arts, resiliency building, and healthy responses to stress.

**PARTICIPANTS WILL:**

1. Learn to demonstrate an effective listening tool: the primal empathy exercise and will demonstrate and exhibit through art what trauma does and what resilience means.
2. Practice three different skills for self-care, self-regulation, and healing.
3. Access and use an on-line toolkit of Capacitar practices.

**HEALTH POLICY AND SYSTEMS CHANGE**

3:40 pm-5:00 pm | Salon 1-2

**Trauma-informed system change and strengthened IPV advocacy in health settings**

On common ground: Trauma-informed care as leverage for improving integration of IPV advocacy within the Columbia River Gorge CCO (Oregon Medicaid)

Rebecca Dee Simmons, MA

*Innovative/Promising Practice Program Report*

Located in The Dalles, Oregon, HAVEN from Domestic and Sexual Violence, through its Safer Futures Project, has been working with the Columbia River Gorge CCO (Oregon Medicaid), to improve integration of IPV advocacy within health systems. Leveraged through the region’s community-wide implementation of trauma-informed practices, this partnership led to a collaborate on the development of the 2016 Community Health Assessment (CHA) questions about IPV, leading to an increase of <1% to 17% disclosure of IPV compared to the 2013 CHA.

**PARTICIPANTS WILL:**

1. Explain how trauma-informed theory and model implementation can strengthen partnerships between health systems and IPV agencies.
2. Describe the collaboration between HAVEN and the Columbia River Gorge CCO around creating the 2016 Community Health Assessment to safely improve IPV screening sensitivity in the region.
3. Discuss the transformative process of trauma-informed care moving from the provider and program level to the whole community level.

“Yeah we’re trauma informed” - how do you know? Using data to assess and drive trauma-informed system change

Steven Brown, PsyD

*Innovative/Promising Practice Program Report*

More and more organizations are recognizing the critical need for trauma-informed service delivery. But, there is little agreement about what that means and how to know if you are making progress. This session will discuss what is currently known about measuring trauma-informed care and introduce participants to the Attitudes Related to Trauma-Informed Care (ARTIC) Scale, one of the only psychometrically valid tools available to measure TIC.
PARTICIPANTS WILL:
1. Understand the importance of defining trauma-informed care and measuring it in systems.
2. Learn about the empirically validated tools for measuring trauma-informed care in systems.
3. Learn specifically about the ARTIC Scale.

“Yeah we’re trauma informed” - how do you know? Using data to assess and drive trauma-informed system change
Steven Brown, PsyD

Innovative/Promising Practice Program Report
More and more organizations are recognizing the critical need for trauma-informed service delivery. But, there is little agreement about what that means and how to know if you are making progress. This session will discuss what is currently known about measuring trauma-informed care and introduce participants to the Attitudes Related to Trauma-Informed Care (ARTIC) Scale, one of the only psychometrically valid tools available to measure TIC.

PARTICIPANTS WILL:
1. Define the community-based advocacy model and its theory of change, and how it differs from the medical model.
2. Receive the Oregon Guide to Healthcare Partnerships, a resource for advocates who are partnering with healthcare providers.
3. Identify potential state-based strategies to fund community-based, non-clinical advocacy services through Medicaid.

RESEARCH
3:40 pm-5:00 pm | Juniper

IPV perpetration: understanding social determinants, motivation for reproductive coercion, role of technology and solution

Adult male perpetrators’ perspectives on what prevention approaches work best for young boys at risk of future intimate partner violence perpetration
Penelope Morrison, PhD, MPH

Scientific Program Report
Data from 49 open-ended interviews with adult male perpetrators of IPV were analyzed to understand what prevention with young boys should include in order to prevent future IPV perpetration. Interviews yielded five main themes related to healthy relationship behaviors, respect for women, skills for communicating and managing anger, role modeling and school-based interventions, and the impact of experiencing violence as a child. We conclude that prevention efforts are needed for youth experiencing violence at home.

PARTICIPANTS WILL:
1. Have a greater understanding of how primary prevention can be refined to reduce perpetrator behavior.
2. Gain insight into the prevention needs of young men and boys at risk of IPV perpetration.

‘It’s just the power of being able to make life’: Exploring reproductive coercion and childbearing motivations among urban socioeconomically disadvantaged Black young men
Kamila A. Alexander, PhD, MPH, RN

Scientific Program Report
In this session, we will discuss existing tensions between motivations to bear children and reproductive coercion behaviors among young, economically disadvantaged young men. Using qualitative data, we will illustrate young urban men’s childbearing motivations and perceptions of reproductive coercion using a health equity framework.

PARTICIPANTS WILL:
1. Be able to discuss the intersection of reproductive coercion and childbearing motivations among young socioeconomically disadvantaged Black men.
2. Be able to describe factors that contextualize pregnancy promoting behaviors among young socioeconomically disadvantaged Black men.

Using concept mapping to explore social determinants of partner violence perpetration among urban men
Charvonne N. Holliday, PhD, MPH

Scientific Program Report
We will highlight community-based risk and protective factors associated with intimate partner violence (IPV) perpetration and stress from the perspective of male IPV perpetrators in Baltimore City. Findings from this concept mapping study highlight underlying socio-structural influences on male IPV perpetration and areas for appropriate intervention and prevention programming.

PARTICIPANTS WILL:
1. Acquire knowledge on the role of socio-structural risk and protective factors associated with partner violence perpetration and stress among urban men.
2. Be able to recall successful methods for engaging male perpetrators of partner violence through community-based research methods and community partnership.

3. Be able to identify potential points of intervention in preventing perpetration of violence against women.

**Violence gone viral: How men are using communication technology to perpetrate violence against women**

Amy Bonomi, PhD, MPH
Asia Eaton, PhD

*Innovative/Promising Practice Program Report*

Using qualitative and quantitative data from studies conducted within two geographic regions (Florida and Michigan), this session will describe updates applicable to researchers, practitioners, and policymakers on: 1) how men are using communication technology to coerce sexual images and videos; threaten, intimidate, and harass; stalk; and exploit women in private (e.g., text message) and public (e.g., doxing, “revenge porn”) spaces; 2) the physical and mental health impacts of these coercive technology practices; and 3) application to real-world practice and policy.

**PARTICIPANTS WILL:**

1. Be able to describe the ways in which men are using communication technology to coerce sexual images and videos; threaten, intimidate, and harass; stalk; and exploit women in private (e.g., text message) and public (e.g., doxing, “revenge porn”) spaces.

2. Be able to describe the physical and mental health impacts of men’s use of coercive technology practices to victimize women.

**RESEARCH**

3:40 pm-5:00 pm | Salon 14-15

**Safety and health interventions for women experiencing intimate partner violence: Lessons from a global research collaboration**

Nancy Glass, PhD, MPH, RN, FAAN
Marilyn Ford-Gilboe, PhD, RN, FAAN
Kelsey Hegarty, MBBS, FRACGP, PhD
Jane Koziol-McLain, RN, PhD

*Symposium*

Women experiencing intimate partner violence (IPV) must weigh complex factors during critical decision-making about their safety and the safety of their children. Decision aids have been shown to assist people in making many types of health-related decisions. By providing women with information to assist them in clarifying their personal priorities, risks, and options for safety, safety decision aids have the potential to reduce women’s decisional conflict, support their efforts to seek safety, and improve their mental health. There is an urgent need to develop effective, accessible, context-specific interventions to enhance the safety and health of women experiencing IPV. Online interventions, offer one approach for reaching women who face barriers to accessing support from domestic violence services. We developed a global research collaboration to develop evidence-based, accessible, locally relevant safety decision aids for women experiencing IPV. Research teams in 4 countries (United States, New Zealand, Canada, Australia) are testing the effectiveness of contextually appropriate, interactive, personalized internet/smartphone accessible safety decision aids on safety and health outcomes of women who have experienced IPV. We will describe and discuss the teams’ processes to adapt the safety decision aid to ensure appropriateness for the local context and lessons learned in the spirit of strengthening the global effort. A summary of results of the randomized controlled trials conducted in each context to evaluate the safety decision aid’s impact on safety and health outcomes will be presented.

**PARTICIPANTS WILL:**

1. Understand how safety decision aids can be used to help women experiencing intimate partner violence.

2. Be able to determine how to adapt a safety decision aid for their context.

3. Understand the impact of the safety decision aid on women’s health and safety.

**TECHNOLOGY**

3:40 pm-5:00 pm | Sierra J, 5th Floor

**IPV documentation in the pediatric medical record: Balancing safety and advocacy for the child patient and adult survivor**

Tanya Draper Douthit, MSW, LSCSW
Kimberly A. Randell, MD, MSc
Jennifer Stallbaumer Rouyer, LMSW, LSCSW

*Symposium*

Intimate partner violence (IPV) documentation in the pediatric healthcare setting presents challenges given the batterer often has legal access to the child’s medical record. Professionals documenting in the record need to balance safety, advocacy, and continuity of care for both the child patient and adult victim/survivor. Online medical record access further adds to safety
risk. Challenges with documentation can influence a provider’s willingness to assess and intervene effectively for IPV. Addressing these challenges will allow the provision of more effective care to children and their families. The purpose of this symposium is to review current recommendations for IPV documentation recommendations, consider IPV cases in which documentation was particularly challenging, and contribute to discussion of competing needs for safety, advocacy, and continuity of medical care when documenting IPV in a child’s medical record. Three perspectives, medical social work, physician, and domestic violence advocacy, will inform the presentation. Small and large group discussion will build on recommendations to inform documentation practice in the pediatric health care setting.

**PARTICIPANTS WILL:**
1. Identify challenges and opportunities related to IPV documentation in the pediatric medical record, with particular consideration for the electronic medical record.
2. Develop consensus around documentation to maximize safety, advocacy, and continuity of care for the child patient and non-battering caregiver.

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**THURSDAY | SEPTEMBER 28, 2017**

**ADOLESCENTS**

9:50 AM-11:10 AM | Salon 10-11

*Child sexual exploitation and forced child marriage: risk factors, impacts, and tactics*

Violence and coercion used by traffickers to keep adolescents girls from leaving the sex trade in two border U.S.-Mexico cities

Teresita Rocha-Jimenez, MA

*Scientific Program Report*

Little is known about the tactics traffickers employ to ensure adolescents remain in the sex trade. Qualitative interviews were conducted among 16 current sex workers who entered the sex industry underage. Participants reported violence and threats of violence, use of pregnancy and children as mechanisms of control, addiction and forced substance use as main strategies used by traffickers to control them. Findings may inform prevention efforts to reduce the risk of adolescents being forced to remain in the sex trade.

**PARTICIPANTS WILL:**
1. Have increased understanding of the violent and controlling tactics used by traffickers to ensure that adolescents remain in the sex trade.
2. Have increased understanding of the potential health consequences of the violent and controlling tactics used by traffickers to ensure that adolescent girls remain in the sex trade.
3. Have increased knowledge of how this data can inform efforts to prevent these forms of exploitation.

*Sex trafficking in Haiti: Population-based prevalence and increased risk based on sexual violence in childhood*

Jay G. Silverman, PhD

*Scientific Program Report*

Although sex trafficking is considered a major human rights and public health concern globally, to date, general population-based estimates of the problem have not been available. Further, in part, due to the lack of such data, very little is known regarding the factors in childhood (e.g., childhood sexual abuse) that affect the vulnerability of young people to sex trafficking. There is a critical need for both of these types of data in order to prioritize and inform evidence-based efforts to prevent sex trafficking. This presentation will assess the prevalence of sex trafficking (i.e., involvement in the sex trade as a minor) among youth in Haiti, and sexual violence as a risk factor for this experience among a representative, population-based sample.

**PARTICIPANTS WILL:**
1. Learn the general population-based prevalence of sex trafficking (i.e., child involvement in sex trade) among male and female youth (considered separately) across Haiti, and how sexual violence and other factors during childhood affect vulnerability for this human rights and health concern.
2. Understand how risk for sex trafficking differs among male and female youth in Haiti, and how current findings may inform efforts to prevent sex trafficking in this and other contexts.

*Forced engagements: Trafficking of Vietnamese women and girls for marriage in China*

Heidi Dr. Stöckl, PhD

*Scientific Program Report*

Bride-trafficking has been a growing phenomenon in Southeast Asia, particularly in China, where one-child policies have resulted in demographic imbalances favoring males. Yet, empirical evidence about women and girls sold into marriage in China remains sparse. This study describes the experiences of 51 Vietnamese women and...
girls as young as 14 in post-trafficking services who were sold into marriage in China.

PARTICIPANTS WILL:
1. Have a thorough understanding of the recruitment process and the trafficking situation of women trafficked for forced marriage in China.
2. Be aware of the multiple challenges women trafficked for forced marriage to China face when returning to Vietnam, especially since many of them return pregnant or with a child born in captivity.

The short and long term health impacts of forced and child marriage in the United States
Casey Carter Swegman, MA

Innovative/Promising Practice Program Report
This session will demonstrate the nature and scope of child and forced marriage in the United States and the short and long term impacts these forms of abuse have on the mental and physical health of survivors. The goal of this session is to sensitize service providers and health care professionals to this emerging issue, the often complex and intersecting dynamics and motivations, and to demonstrate practical tools for identifying, screening, and supporting individuals at risk and survivors.

PARTICIPANTS WILL:
1. Articulate the negative health and mental health impacts of child and forced marriage.
2. Identify and describe the warning signs of child and forced marriage.
3. Summarize how to identify, respond, and support survivors and individuals at risk of child and forced marriage.

ADVOCACY AND SURVIVOR PERSPECTIVES
9:50 AM-11:10 AM | Sierra H, 5th Floor

Innovations in domestic violence advocacy: survivor health and wellness

Building a novel health education curriculum for survivors of domestic violence residing at a transitional housing center
Maya Ragavan, MD, MPH

Innovative/Promising Practice Program Report
In this session, we will review the development, implementation, and evaluation of a health education curriculum designed for women who have experienced DV residing at a transitional housing center. This curriculum, which consists of 12 workshops, was developed using a community-based participatory research approach. We will also review how listeners can adapt and implement the curriculum in their communities.

PARTICIPANTS WILL:
1. Learn about the design and implementation of a novel health education curriculum for DV survivors residing at transitional housing centers.
2. Discover strengths, challenges, and lessons learned from a qualitative evaluation of the curriculum.
3. Adapt and replicate this curriculum for their communities.

Let’s talk about sex: Bringing a sex-positive reproductive health workshop into the DV shelter setting
Antoinette Marie Moore

Innovative/Promising Practice Program Report
Emergency shelters for domestic violence survivors can be chaotic places for the healing process to begin. Amidst the hustle for housing and jobs, shelter residents can benefit greatly from workshops offered by the community. This project dismisses the notion that survivors of physical and sexual abuse don’t want to learn about sexual and reproductive health and healthy relationships... because they DO, and they can do so in a way that is empowering and free of shame and judgment.

PARTICIPANTS WILL:
1. Identify the gaps in knowledge adult DV survivors have about their own sexual and reproductive health.
2. Utilize this knowledge about survivors’ gaps in sexual health education to promote strategies for personal empowerment for survivors.
3. Confront their own attitudes about sex and the spectrum of what a “healthy” sexual lifestyle can look like for a survivor.

Expanding our roles as advocates: Integrating holistic health and domestic violence advocacy through healing arts and doula services for pregnant and newly parenting survivors of intimate partner violence

Sami J. Gloria

Innovative/Promising Practice Program Report

Holistic care during pregnancy and the postpartum period can greatly reduce impacts of domestic violence and stress on the health of survivors. This workshop will demonstrate the benefits of prenatal yoga and art-making as mindfulness tools for stress reduction and improved health outcomes. This workshop will also demonstrate the connection between doula services and domestic violence advocacy. Participants will identify the benefits of the integration of doula services into the conventional menu of domestic violence advocacy services.

PARTICIPANTS WILL:
1. Describe the health benefits of yoga and mindfulness practices for pregnant and newly parenting survivors of intimate partner violence.
2. Utilize yoga and art-making techniques as mindfulness tools for stress reduction for survivors of intimate partner violence.
3. Describe the integration of doula services and domestic violence advocacy services as a means of holistic health and safety planning to meet the unique needs of pregnant survivors of intimate partner violence.

ADVOCACY AND SURVIVOR PERSPECTIVES
9:50 AM-11:10 AM | Salon 14-15

Supporting LGBTQ and non-binary survivors and youth

The heath impact of family rejection on LGBT youth: An evidence-informed family intervention model to prevent risk and promote well-being

Caitlin Ryan, PhD, ACSW
Erica Monasterio, MN, FNP-BC

Innovative/Promising Practice Program Report

Research and family intervention work from the Family Acceptance Project has generated the first evidence-informed family support model to help diverse families learn to decrease specific family rejecting behaviors (e.g., LGBT-related violence, exclusion, ridicule) that increase health risks and increase family accepting behaviors that protect against risk and promote well-being. This session will review key research, resources and intervention strategies and provide a framework to apply this approach in a range of settings.

PARTICIPANTS WILL:
1. Be able to discuss the impact of family rejection and acceptance on health risks and well-being for LGBT youth.
2. Be able to identify family rejecting and accepting behaviors that contribute to health risks and well-being for LGBT youth.
3. Be able to apply new research-based resources and strategies to help diverse families to decrease rejection, including physical and emotional abuse, and to increase support for LGBT youth.

Outside the boxes: Working with gender non-binary survivors

Michael Munson, BA

Innovative/Promising Practice Program Report

We all know thinking outside of the box is critical for providers working with survivors. When survivors live and identify outside of the culturally defined male and female gender boxes, it is even more important for providers to be adaptive, creative, and knowledgeable about how to best work with non-binary clients. Content will include a highlight of navigating sex-segregated or sex-specific systems, as well as exploring traditional and more holistic wellness options for healing.

PARTICIPANTS WILL:
1. Describe a gender identity that is not male or female.
2. State two types of health/wellness modalities that are often useful to survivors of domestic/sexual violence that frequently are approached in a gendered or binary-gendered way.
3. Articulate at least one way you can create a more welcoming environment to non-binary survivors.

LGBTQ survivors: Research from the field on how to best address LGBTQ intimate partner violence

Emily Waters, MPH, MSW

Scientific Program Report

PARTICIPANTS WILL:
1. Have a deeper understanding of the prevalency rates of domestic violence within LGBTQ communities and model policy recommendations and actions the field can take to better serves LGBTQ survivors.
ASSESSMENT AND INTERVENTION
9:50 AM-11:10 AM | Sierra A, 5th Floor
Co-located advocacy, health partnerships and safety planning with survivors in health settings

A collaboration model with a community based DV agency locating an IPV advocate onsite at a medical center: A domestic violence and health care partnership between STAND! For Families Free of Violence and Kaiser Permanente
Carey Watson, MD, FACOG
Carolyn Graham
Innovative/Promising Practice Program Report
Starting in January 2013 and continuing now, through Futures Without Violence and a grant from Blue Shield Foundation, a STAND IPV advocate provides services within the Kaiser Permanente Medical Center in Antioch, California. Identification of patients experiencing IPV doubled during this time. Many medical providers who previously never referred to STAND now regularly refer. Spanish and English IPV support groups now meet on campus. The majority of patients who received services from the DV advocate had fewer ED visits subsequently.

PARTICIPANTS WILL:
1. Be able to identify potential benefits of an onsite IPV advocate in a medical environment.
2. Be able to identify some of the challenges of establishing a community IPV collaboration between a medical center and community DV agency.

Safety assessment and planning in health and mental healthcare settings: Considering a paradigm to enhance safety interventions as they specifically relate to health and healthcare
Danica R. Delgado, MSW
Innovative/Promising Practice Program Report
This workshop will incorporate knowledge of safety planning, safety assessment, and health consequences of domestic violence to present a concept of a unique health care based safety assessment and plan which includes health as a central element. The limited literature on safety assessment will be reviewed, a working prototype of a healthcare based safety assessment and planning tool presented, and group based work tasks utilized to help evolve the concept of health and mental health care safety assessments and plans.

PARTICIPANTS WILL:
1. Understand history and relevant literature related to safety planning and assessment, with a focus on health.
2. Describe the intersection of health and safety assessment, including use of a healthcare-based safety assessment and plan tool.
3. Participate in group activities to help elucidate the issue of safety assessment and plans focusing on health care intervention.

Closing the gap: Building a case for sustainable partnerships between health and domestic violence providers
Debra M. Ward, MPH
Dana Knoll, MBA
Innovative/Promising Practice Program Report
This workshop will discuss highlights and lesson’s learned from a Healthcare and Domestic Violence Partnership project implement in Los Angeles. Two of the oldest private/non-profit organizations in South Los Angeles, Jenesse Center, Inc. and Watts Healthcare Corporation, became partners with the intended purpose to strengthen internal processes to increase screenings, assessments and referrals to each other. With promising results, participants will learn about the innovative strategies used to develop a multi-faceted approach to a stronger and more integrated safety-net system.

PARTICIPANTS WILL:
1. Identify cross-disciplinary approaches towards forming successful partnerships between a health center and a DV organization that are patient/client centered and provides a greater understanding of the social determinants of health.
2. Identify successful approaches towards engaging clinical and non-clinical health workers in identifying DV victims that may present at a healthcare setting; as well as, DV advocates in identifying a medical home for DV victims/survivors.
3. Discuss at least two approaches in response to domestic and community violence, and how it relates to creating a trauma-informed health center.
ASSESSMENT AND INTERVENTION

9:50 AM-11:10 AM | Salon 5-6

Tailoring your screening and assessment: the experience of rural and OB clinics

Pilot project to activate USPSTF intimate partner violence screening guideline and connect patients with resources in a busy inter-mountain healthcare OB/GYN office

Audrey A. Jiricko, MD
Innovative/Promising Practice Program Report

While the evidence is clear, screening women for IPV and connecting them to resources decreases violence and improves health, how is implementation in a busy healthcare setting possible? What motivates physicians to participate? Summary of a pilot project reviews what's going well and identifies barriers.

PARTICIPANTS WILL:
1. Understand how providers in a busy ob/gyn office have been taught to effectively, efficiently screen for intimate partner violence.
2. Learn how a busy ob/gyn office connects patients with intimate partner violence resources.
3. Discuss barriers to routine screening of IPV in busy healthcare offices.

Screening for intimate partner violence at the initial obstetric visit

Cecilia H. Huang, BS
Scientific Program Report

About 1 in 4 American women will experience intimate partner violence (IPV) in their lifetime. Obstetrics visits present a unique opportunity for healthcare providers to provide counseling and referrals to interventional services for women who are experiencing abuse. This study reviewed 248 recordings of initial obstetrics visits in order to describe the wording used by providers and context within which they screened for IPV. Analyses were done to look for associations between screening technique and patient IPV disclosure.

PARTICIPANTS WILL:
1. Understand the basic outline of an initial obstetric visit and where IPV screening takes place within the interview.
2. Understand the different ways healthcare providers screen for IPV at obstetrics visits.
3. Learn what communication and personal factors may affect IPV disclosure from the patient.

COMMUNITY AND PUBLIC HEALTH PREVENTION PRGMS

9:50 AM-11:10 AM | Sierra J, 5th Floor

Home visitation programs and DV screening: lessons from Honduras and two statewide models

Creating healthy partner and family relationships through maternal and infant home visiting

Colleen S. Wilburn, MPA
Innovative/Promising Practice Program Report

Screening for intimate partner violence can be an intimidating and daunting experience for home visitors. In an effort to increase screening rates among home visiting participants, Maryland has developed a home visitor competency training developed on the foundations of motivational interviewing. This session will discuss the specifics of the training and discuss the outcomes related to home visitor confidence in addressing intimate partner violence.

PARTICIPANTS WILL:
1. Articulate the need to support direct service providers in addressing domestic violence.
2. Identify the core competencies to support direct service providers in addressing domestic violence.

Implementation of screening for domestic violence within a statewide home visiting program

Corrine M. Williams, ScD
Innovative/Promising Practice Program Report

The purpose of this presentation is to discuss the benefits and challenges that accompanied implementation of domestic violence screening within a statewide home visiting program.
PARTICIPANTS WILL:
1. Understand the process of implementing domestic violence screening within a home visiting program.
2. Describe the benefits and challenges of screening for domestic violence within the context of a home visit.

Adapting and developing a community-based home visitation intervention to prevent violence against pregnant women in low-resource settings
Margarita Quintanilla, MD, MPH
Jennifer Zelaya, MPH, MSW

Innovative/Promising Practice Program Report
This presentation will describe an innovative home visitation program to prevent and respond to IPV among pregnant women in Honduras.

PARTICIPANTS WILL:
1. Learn how a community-based home visitation program for the identification, response, and prevention of violence against pregnant women can be adapted for use in a low-resource setting.

EDUCATING AND ENGAGING PROVIDERS
9:50 AM-11:10 AM | Sierra I, 5th Floor
Healing the healers: vicarious trauma in the helping professions

Identifying the effect of personal domestic and family violence experience on a health professionals’ clinical practice with victimized patients, and exploring the role of the healthcare workplace
Kelsey L. Hegarty, MBBS, FRACGP, PhD

Scientific Program Report

PARTICIPANTS WILL:
1. Identify indicators of vicarious trauma.
2. Identify at least 3 effective strategies to reduce the impact of vicarious trauma personally.
3. Identify at least 3 organizational steps to reduce the impact of vicarious trauma.

Innovative/Promising Practice Program Report
The presentation will address the importance of the workplace impacts of domestic and sexual violence and will highlight a
collaborative model that engages employers, service providers, and worker advocates. The model encourages cross-movement building between the anti-violence and economic justice movements. Specifically, we will cover existing resources available on the national resource center, “Workplaces Respond,” and also feature a panel of partners that have implemented the model in a hospital setting in Towson, Maryland.

PARTICIPANTS WILL:
1. Identify the ways that domestic and sexual violence and stalking impact the workplace.
2. Describe the ways that employers can effectively and proactively respond to incidents of workplace violence (DV/SV/Stalking) that promote a victim-centered approach and accountability for employees who are perpetrators.
3. Explore a collaboration between community stakeholders to address the impacts of violence.

Sexual harassment and violence in the workplace: The role of advocates, counselors and medical professionals in obtaining court awarded financial remedies for survivors
Dana Johnson, JD

Innovative/Promising Practice Program Report
The presentation will cover the rights and remedies of survivors of sexual violence in the workplace, obstacles to overcome including immigration status, and the critical role that medical staff, counselors and intervention staff play in gathering evidence and providing support. Cases litigated in federal court resulting in settlements and verdicts for millions of dollars for survivors will be discussed. How to work with the EEOC in the investigation and litigation of the case will also be discussed.

PARTICIPANTS WILL:
1. Have a working understanding of the rights and remedies under federal law available to survivors who have been sexually assaulted and/or harassed in the workplace and the impact of immigration status.
2. Have a working knowledge of how to work with a survivor through the investigation and litigation of a case, and what critical evidence that the staff may observe is crucial to support the claim of a survivor in establishing credibility and a claim for compensatory damages (pain and suffering).
HEALTH IMPACT OF D/SV ACROSS THE LIFESPAN

9:50 AM-11:10 AM | Juniper

Exploring resilience factors and social support in healing from violence

Intimate partner violence related stress and the coping experiences of survivors
Cynthia F. Rizo, PhD, MSW

Coping has emerged as an important construct in understanding the association between intimate partner violence (IPV) and survivors’ well-being. This session will present findings from a qualitative study focused on the coping efforts of IPV survivors. In-depth interviews were conducted with 25 female survivors and 6 service providers. Analysis identified 3 key themes: (a) coping strategies used by survivors; (b) challenges and barriers to coping with IPV; and (c) IPV as a unique stressor.

PARTICIPANTS WILL:
1. Recognize differences between coping efforts directed at IPV and other stressors.
2. Be able to describe potential barriers that survivors might face in coping with IPV.

Adverse childhood experiences and chronic pain: What is the influence of social networks?
Carissa J. van den Berk Clark, PhD

Social networks play a vital role when it comes to trauma exposure and future health outcomes. There is scant research on whether the association between social support and psychiatric disorders varies by number of ACEs in patients with chronic non-cancer pain. The objective of this study was to assess whether the quality of an individual’s social network correlated with depression, anxiety and PTSD among chronic pain patients with < 2 or ≥ 2 ACEs.

PARTICIPANTS WILL:
1. Understand the relationship between potentially traumatic events (PTE) and social support.
2. Learn types of PTEs within treatment-seeking chronic pain patients and about the range of social support experiences among chronic pain patients.
3. Identify whether particular types of social support experiences are associated with depression, anxiety and PTSD among chronic pain patients with more complex ACE histories.

The relationship between social support, adverse childhood experiences, and chronic pain
David Schneider, MD, MSPH

Stressful social networks and adverse childhood experiences (ACEs) are related to worse pain outcomes. Social support may help patients cope with pain. It is not known if the association between social networks and pain differs by number of ACEs. Results indicate the association between positive or negative social support with pain level and pain discomfort was significant in patients with less than 4 ACEs, but with the exception of pain distress, was decreased and not significant among patients with 4 or more ACEs.

PARTICIPANTS WILL:
1. Identify the relationship between social networks and pain severity, pain distress and pain discomfort.
2. Report the ways in which the association between social networks and pain severity and coping differs in patients with low and high ACE scores.
3. Discuss how social networks may not help patients cope with pain in the context of high ACE scores.

Connecting health to healing: A needs assessment of women impacted by violence in north Texas
Alita Rose Andrews, LPC-Intern, MA, MPH, NCC, CPH

This study describes the nature of the health concerns and utilization practices of women receiving services at intimate partner violence organizations in Tarrant County, Texas.

PARTICIPANTS WILL:
1. Explore the health needs of women receiving services from interpersonal violence organizations in Tarrant County, Texas.
2. To investigate the gap between the need of IPV survivors and available healthcare services.

Using National Intimate Partner and Sexual Violence Survey (NISVS) data to examine factors associated with intimate partner violence by multiple abusive partners among U.S. women
Cara J. Person, MPH, CPH

Women who experience intimate partner violence by multiple abusive partners (IPV by MAPs) bear a disproportionate burden of negative health outcomes; however, few studies have focused...
on this population. National Intimate Partner and Sexual Violence Survey data analysis results are presented on resilience and vulnerability factors associated with experiencing IPV by MAPs. Identifying these factors can inform interventions to more effectively address the underlying needs of this population, ultimately leading to a reduction in experiencing IPV by MAPs.

PARTICIPANTS WILL:
1. Describe the problem of experiencing intimate partner violence by multiple abusive partners (IPV by MAPs).
2. Identify resilience and vulnerability factors that are associated with experiencing IPV by MAPs.
3. Describe the effects of resilience factors on the relationship between vulnerability factors and experiencing IPV by MAPs.

HEALTH IMPACT OF D/SV ACROSS THE LIFESPAN
9:50 AM-11:10 AM | Sierra B, 5th Floor
Reproductive coercion updates in research and practice: intersections with substance abuse and influence of race, ethnic and communication strategies

Exploring racial/ethnic differences in reproductive coercion, intimate partner violence, and unintended pregnancy
Charvonne N. Holliday, PhD, MPH

Scientific Program Report
Our study assessed the influence of race/ethnicity on risk of experiencing reproductive coercion (RC), intimate partner violence (IPV), and unintended pregnancy among female family planning patients. Reproductive coercion has emerged as a risk factor for unintended pregnancy; this study is the first to explore racial/ethnic disparities in the prevalence of reproductive coercion and its impact on unintended pregnancy. We will focus on the importance of considering racial/ethnic disparities in women’s sexual and reproductive health.

PARTICIPANTS WILL:
1. Acquire knowledge of the prevalence of RC, IPV, and unintended pregnancy among young women from family planning clinics and differences by race/ethnicity.
2. Acquire knowledge on the influence of race/ethnicity on risk of RC, IPV, and unintended pregnancy.

IPV, miscarriage, and abortion: Understanding the intersection of intimate partner violence and sexual and reproductive health among substance-using women in community corrections in New York City
Anindita Dasgupta, PhD, MPH

Scientific Program Report
The current study examines the intersection between intimate partner violence (IPV) and sexual and reproductive health (SRH) issues (abortion and miscarriage) among substance-using women in New York City (NYC). Women from an HIV risk reduction study with substance-using women in community corrections in NYC, with a pregnancy history (N=299) were included in the study. Women with a history of physical, sexual, severe physical and/or sexual IPV were all more likely to report having miscarriages and abortions in their lifetime.

PARTICIPANTS WILL:
1. Consider how various forms of IPV relate to sexual and reproductive health among substance-using women engaged in the criminal justice system in New York City.
2. Explore ways to integrate IPV messaging into sexual and reproductive health services in community correction settings.

Reproductive coercion: Updates in research and practice
Sara A. McGirr, MA

Scientific Program Report
Despite high rates of reproductive coercion (RC) among survivors of domestic violence (DV), initial reports suggest that few DV advocates regularly engage in RC-related practices. This presentation will share the results of an online survey of hundreds of DV advocates across the U.S. to identify key facilitators of RC-responsive practice. The presenter will highlight the organizational and individual-level factors that were most highly associated with more frequent RC-responsive practice, and will provide recommendations for programs looking to boost their efforts.

PARTICIPANTS WILL:
1. Understand which factors in domestic violence organizations are most important for promoting effective responses to reproductive coercion.
2. Understand which individual-level factors among DV advocates are most important for promoting effective responses to reproductive coercion.

Communication skills-based intimate partner violence and reproductive coercion assessment
Judy Chang, MD, MPH
Liz Miller, MD, PhD, FSAHM

Innovative/Promising Practice Program Report
The presentation will cover ways of doing trauma-informed,
communication skills-based intimate partner violence assessment
and reproductive coercion in clinical settings. Participants will have
the opportunity to test out assessment strategies by engaging
with actors in “scenes” playing standardized patients, presenting
common scenarios. Presenters will guide a discussion with the
audience in reflection on the “scenes.”

PARTICIPANTS WILL:
1. Practice language and skills that providers can use in their
practices to assess for IPV/RC.
2. Observe and reflect on methods of assessing for IPV/RC using a
trauma-informed and communication skills-based approach.

SOCIAL DETERMINANTS OF HEALTH
9:50 AM-11:10 AM | Salon 3-4

Engaging multi-sectoral partners to improve gender and
healthy equity systems change

Genderscape! Changing health care clinic practices to
improve gender equity
Wendi Siebold, MA, MPH
Brandy Selover, MPH

Innovative/Promising Practice Program Report
The health care setting holds a special opportunity for preventing
domestic violence by becoming a setting that is gender equitable.
The World Health Organization considers gender equity to be a
determinant of health and is considered a root cause of domestic
violence. This presentation will introduce an innovative prevention
strategy to increase the level of gender equitable practices within
a health care setting. We will share a clinic assessment tool and
curriculum.

PARTICIPANTS WILL:
1. Have increased ability for integrating gender equitable
practices in health care settings.
2. Possess tools for operationalizing gender equitable practices
derived from a social determinants of health framework.
3. Acquire theoretical association to how an innovative change
strategy engaged practitioners in promoting equity within a
clinic serving marginalized communities.

DV is a social determinant of health: How DV agencies can
use this knowledge to take the lead in creating systems
change
Miki Carpenter, MPH, PhD
Jeremy Cantor, MPH

Innovative/Promising Practice Program Report
This session will summarize how a DV agency has incorporated
systems change strategies into its organizational framework
by facilitating a regional multi-sector collaborative focused on
violence prevention. An overview of the importance of working
“upstream” in addition to providing direct services, as a means
to create a comprehensive approach to addressing violence, will be
discussed.

PARTICIPANTS WILL:
1. Identify a working model that incorporates providing DV
direct services and systems change approaches to address
community change.
2. Be able to summarize how a DV agency has incorporated
systems change in its organizational framework.
3. Identify two action items to either assess the viability of
systems change work in their organization or to identify how to
incorporate a systems change approach in their existing work.

Creating community environments that support safe
relationships: Towards a health equity and multi-sectoral
approach to preventing domestic violence
Lisa F. Parks, MPH
Alisha Somji, MPH

Innovative/Promising Practice Program Report
This workshop will provide an overview of THRIVE, a framework
that can help prevention practitioners explore the community
determinants of DV. It will showcase recent research conducted by
Prevention Institute that supports advancing a health equity and
multi-sector approach to DV prevention, with particular attention
to opportunities to engage the healthcare sector. Innovative
examples of actions communities are taking to address community
determinants of DV and create environments that support safe
relationships will also be highlighted.

PARTICIPANTS WILL:
1. Describe community determinants of DV and DV inequities
related to people, place and equitable opportunity using the
THRIVE framework.
2. Articulate the elements of a multi-sector health equity
approach to DV prevention.
3. Identify at least three specific strategies to engage multiple
sectors, including the healthcare sector, in preventing DV in a
manner that reduces inequities.
SPECIAL AND EMERGING TOPICS

9:50 AM-11:10 AM | Salon 1-2

Trauma-informed primary care: Enhancing intergenerational resilience

E. Hayes Bakken, MD
Leigh Kimberg, MD

Skill-building Workshop

Trauma and abuse are associated with poor health and life outcomes. Many vulnerable patients have long histories of cumulative trauma beginning in childhood, which are associated with many health consequences including substance use disorders, depression, PTSD, and a complex form of PTSD that interferes with self-confidence, handling emotions, and healthy relationships. The effects of unaddressed trauma and abuse are transmitted intergenerationally and addressing trauma with adult caregivers can improve outcomes for children. Many providers are unfamiliar with how to inquire about life-long histories of trauma, do not know what to say when adult patients disclose histories of trauma and childhood abuse, and do not know how to balance inquiry with setting respectful, compassionate limits on the sharing of details of the trauma history. This workshop will provide evidence-based and expert opinion-based advice on addressing life-long trauma and abuse intergenerationally in primary care practice. This workshop will introduce an integrated self-care and patient care framework of 4 “C’s” including: “Calm, Contain, Care, and Cope”. This framework demonstrates how a provider can calmly engage with patients who have experienced cumulative trauma and abuse while simultaneously caring for one’s own emotional well-being. This framework also demonstrates how providers can assist adults who are suffering from cumulative trauma and abuse and their children by emphasizing adult strengths and resiliency. Participants in this workshop will develop skills necessary to successfully address life-long, cumulative and intergenerational trauma. Participants will also be provided with a “toolkit” to implement “trauma-informed primary care” for adults and children.

PARTICIPANTS WILL:
1. Understand the impact of childhood and cumulative trauma and abuse on health and intergenerational relationships.
2. Understand the 4 C’s model of trauma-informed care which simultaneously emphasizes provider and patient well-being and resilience.
3. Generate one easily achievable personal commitment to change in practice.

ADOLESCENTS

11:25 AM-12:45 PM | Sierra C, 5th Floor

Campus sexual violence correlates and innovative interventions

Intimate partner violence, health, and academic performance among a national sample of gender and sexual minority undergraduates

Nathan Q. Brewer, MSW

Scientific Program Report

Few studies have examined the impact of intimate partner violence (IPV) on academic performance, and none focus on sexual minorities. This session reports findings from a secondary analysis of data from the National College Health Assessment. Results from structural equation modeling indicate that IPV (a latent variable of physical, emotional, sexual, and stalking violence) is associated with impaired academic performance (GPA and academic trauma), regardless of sexuality. Health appears to act as a mediator. Practice and research implications are discussed.

PARTICIPANTS WILL:
1. Explain the practical and empirical importance of examining the relationships between intimate partner violence and academic performance.
2. Articulate both the direct impact of intimate partner and the indirect impact of health on academic performance for undergraduate students according to gender and sexual identity.
3. Describe a method for examining intimate partner violence as a latent variable rather than as discrete forms of violence (i.e., physical, emotional, sexual, and stalking).

Myplan toolkit: A technology-based intervention for college women in abusive dating relationships and their concerned friends

Nancy Glass, PhD, MPH, RN, FAAN

Innovative/Promising Practice Program Report

myPlan was designed specifically to address relationship abuse among college and university students. The myPlan team is creating a toolkit to provide step by step guidance and materials for campus administrators, faculty, staff, and student groups to integrate myPlan into their existing efforts to support students experiencing abuse and help concerned friends and bystanders to safely respond.
PARTICIPANTS WILL:
1. Become familiar with the myPlan app and toolkit for integration with programs and services on college campuses.
2. Understand baseline demographics, experiences of abuse/violence, use of safety behaviors and confidence to respond to dating/partner violence with college women and concerned friends.

Adverse childhood experiences and adult intimate partner violence, sexual abuse, and stalking among college students: Does a relationship exist?
Sarah E. Cprek, MPH

Scientific Program Report
The relationship between adverse childhood experiences (ACEs) and intimate partner violence, sexual/physical abuse, and stalking, was analyzed using a random sample of 2,900 undergraduates at two large public universities. A survey was administered which included ACEs along with self-reported rates of abuse (unwanted sexual activity, stalking, psychological violence, and physical violence) occurring within the current academic year. College students with higher average ACE scores were found to be more likely to experience all four types of violence.

PARTICIPANTS WILL:
1. Be able to describe what adverse childhood experiences (ACEs) and understand how ACEs affect adult health.
2. Be able to discuss the relationship between adverse childhood experiences and rates of intimate partner, physical, sexual, and stalking violence among college students.

ADOLESCENTS
11:25 AM-12:45 PM | Salon 12-13
Domestic minor sex trafficking: Identifying, understanding, and helping the survivors
Emily F. Rothman, ScD
M. Alexis Kennedy, PhD, JD
Andrea Cimino, PhD, MSW
Jordan Greenbaum, MD

Symposium
Domestic minor sex trafficking (DMST) is the commercial sexual exploitation of youth inside the U.S. Increasingly, a public health lens is being used to frame the issue of DMST and to engage those in health care in prevention and response. The purpose of this session is to provide data and information gathered via both research and first-hand interactions with DMST survivors about how providers of all types can identify and respond to them in keeping with best practices.

PARTICIPANTS WILL:
1. Understand what indicators (also called risk markers) of DMST, health care providers can look for in order to identify survivors.
2. Gain an appreciation of how survivors of DMST differ from other child sexual abuse survivors.

ADOLESCENTS
11:25 AM-12:45 PM | Salon 14-15
Promoting healthy teen sexuality and relationships

Vashon teen council: A Planned Parenthood pilot peer educator program in rural WA
Elizabeth A. Archambault, PhD

Innovative/Promising Practice Program Report
Teen Council (TC) is a national award winning youth peer education program developed and tested by Planned Parenthood. It is also a pilot project of The DOVE Project in that DOVE’s Teen Council is the first non-Planned Parenthood run TC in the United States. Teen Council sits at the middle of three intersecting spheres: public health (prevention), social change, and healthy sexuality. Teen Council members create social change through advocacy and in their schools and communities.

PARTICIPANTS WILL:
1. Know what a Teen Council is and does within middle and high schools.
2. Understand the integration of a Planned Parenthood program into a non-profit program.
3. Understand the potential impact that a Teen Council can have within their community.

Cookies, crafts, and consent: Facilitating discussions on sexuality and teen dating abuse in diverse settings
Lindsay Stawick, BSW
Mary-Margaret Sweeney, MSW

Innovative/Promising Practice Program Report
Cookies: Check! Crafts: Check! Consent: Do we have to?! Sex education and domestic violence are potentially triggering, difficult topics for youth. When health educators are brought into settings amidst snack time, or in lieu of art class, how can school/camp/daycare staff and facilitators work together to optimize the discussion while also protecting youth?
PARTICIPANTS WILL:
1. Recognize what topics may be potentially triggering or traumatizing for student participants.
2. Recognize and harness the power of language to shift conversations from shaming, blaming, or frightening to ones that stress personal responsibility through empowerment, understanding the core social and economic issues from which teen dating violence, STIs, and pregnancy arise.

**Stronger together: Uniting health promotion and violence prevention**
Megan Kovacs
Julia Noble

*Innovative/Promising Practice Program Report*
In this presentation, Oregon School-Based Health Alliance, Raphael House of Portland, and Volunteers of America Home Free will discuss their strategy and outcomes implementing primary prevention and dating and sexual violence intervention program in two Oregon high schools with school-based health centers.

**PARTICIPANTS WILL:**
1. Articulate the connection between sexual health promotion and violence prevention.
2. Demonstrate and explain the way policies and programs can shift socio-cultural norms within school and healthcare environments.
3. Identify programs that can collaborate to implement existing policies and further build the connection between health and education.

**ASSESSMENT AND INTERVENTION**

**11:25 AM-12:45 PM | Sierra A, 5th Floor**

*Innovations in screening and response in health settings*

**Synergizing the response to domestic violence strangulation: Building collaborative, cross-setting protocols for safety and health**
Jacquelyn Campbell, PhD, RN, FAAN
Audrey E. Bergin, MPH, MA

*Innovative/Promising Practice Program Report*
This session will review the most recent research and practice developments addressing strangulation and the use of protocols in both health care and domestic violence (DV) service settings. Participants are encouraged to bring any relevant protocols used by their organizations for strangulation assessment and care, to inform and support this interactive discussion on developing collaborative protocols across settings and maximizing continuity of care for this vulnerable population.

**PARTICIPANTS WILL:**
1. Identify short- and long-term health and safety risks related to strangulation
2. Describe use of protocols for acute evaluation of patients after strangulation.
3. Identify opportunities to develop collaborative DV and health care protocols related to strangulation and strategies for their evaluation.

*A systematic review of interventions to train health care providers to respond to intimate partner violence against women*
Naira Kalra, M Phil

*Scientific Program Report*

**PARTICIPANTS WILL:**
1. Describe the current state of research on training health care providers to respond to intimate partner violence against women.
2. Summarize the strengths and weaknesses of current research on training health care providers to respond to intimate partner violence against women.

**Geodemographic factors associated with comprehensive screening for intimate partner violence in healthcare facilities**
Jessica Williams, PhD, MPH, APHN-BC

*Scientific Program Report*
This study examines geodemographic factors associated with comprehensive screening services for intimate partner violence (IPV) in healthcare facilities. Data were obtained from a random sample of healthcare agencies in Miami-Dade County, including: primary care, obstetrics/gynecology, emergency, and pediatrics. A health care facility survey was designed to assess variation in IPV screening and response policies and procedures. Results indicate geographic disparities in the availability and quality of screening services by race and ethnicity.

**PARTICIPANTS WILL:**
1. Recognize variation in IPV screening and response procedures among healthcare practices.
2. Identify geodemographic differences in accessibility and quality of IPV screening within healthcare facilities.
Screening for intimate partner violence in primary care utilizing standardized measures and a clinical microsystem: Model for best practice
Kimberly L. Citron, PhD
Innovative/Promising Practice Program Report
This session will focus on implementation of screening for IPV in an integrated primary healthcare setting. The session will discuss the importance of screening by medical providers given high rates of IPV in healthcare settings. It will demonstrate effective use of screening tools, and how to effectively intervene in the case of a positive screen. The session will demonstrate how a Clinical Microsystem model was utilized to determine the best method for universal screening for IPV in primary care.

PARTICIPANTS WILL:
1. Understand the importance of screening for intimate partner violence in a primary care setting using standardized measures.
2. Have increased knowledge of a clinical microsystem model for implementing screening measures for IPV in primary care setting.
3. Learn strategies to respond to a positive IPV screen in an integrated health care setting.

COMMUNITY AND PUBLIC HEALTH PREVENTION PRGMS 11:25 AM-12:45 PM | Sierra H, 5th Floor
Applying international lessons to a domestic setting: Adapting global gender-transformative approaches to violence prevention and sexual and reproductive health programming to the U.S.
Liz Miller, MD, PhD, FSAHM
Jane Kato-Wallace, MPH
Symposium
Most effective approaches that aim to prevent gender-based violence and promote sexual and reproductive health incorporate some awareness of gender specific biases and inequalities. However, this gender-sensitive approach is not enough to gain a comprehensive understanding of gendered power dynamics often present in the use of violence against women and girls or to create long-term, sustainable change. The symposium will provide a framework for understanding the essential components of gender-transformative programming to create positive and lasting impact in the ways in which individuals and institutions seek not only to understand, but to transform norms and behaviors.

PARTICIPANTS WILL:
1. Understand how gender-transformative approaches were developed, their essential components, and why they are effective.
3. Learn how Promundo and University of Pittsburgh have adapted global programs for U.S.-based implementation.

COMMUNITY AND PUBLIC HEALTH PREVENTION PRGMS 11:25 AM-12:45 PM | Salon 5-6
Promoting healthy relationships for youth: three programs for middle and high school students
Heart: An innovative and interactive program shaping social norms and promoting healthy relationships for youth and young adults
Jennifer M. Ponce, CHES
Innovative/Promising Practice Program Report
H.E.A.R.T. - Healthy Emotions & Attitudes in Relationships Today is an interactive workshop to prevent adolescent dating abuse. During this presentation you will receive an overview of the work Laura’s House is doing in the prevention and treatment of dating abuse with this free educational program for youth. Laura’s House staff has presented this workshop to public, private schools, congregations, civic organizations and clubs throughout Orange County and surrounding counties in Southern California.

PARTICIPANTS WILL:
1. Identify prevention techniques and strategies to educate adolescents on healthy relationships, using media literacy, and technological tools relevant to today’s youth.
2. Demonstrate new strategies to mobilize and capacity-build youth as advocates for teen dating violence prevention in their communities and on their campuses.
3. Utilize newly acquired practical communication strategies to implement the H.E.A.R.T. program in their community.

Implementation and dissemination of coaching boys into men: Challenges and lessons learned
Lisa Ripper, MPH
Innovative/Promising Practice Program Report
Coaching Boys into Men (CBIM) is an evidence-based violence prevention curriculum that trains coaches to talk to their male...
athletes about healthy and respectful relationships, dating violence, sexual assault, and harassment using talking points, scenarios, and resources. This program has been proven to increase bystander intervention and decrease abuse perpetration and negative bystander behavior. This presentation will explore the challenges of implementing and disseminating a sexual violence prevention program for male athletes (Coaching Boys into Men) and to offer solutions to improve program fidelity.

**PARTICIPANTS WILL:**
1. Be able to identify challenges to implementation and dissemination of Coaching Boys into Men.
2. Be able to discuss solutions to barriers to implementation and dissemination of Coaching Boys into Men.

**Dating Matters®: Strategies to promote healthy teen relationships**
Sarah DeGue, PhD
Sarah Roby, MPH

*Innovative/Promising Practice Program Report*
Dating Matters is a CDC-developed, comprehensive teen dating violence prevention model. Based on the best available science, Dating Matters utilizes a combination of evidence-based and evidence-informed strategies to reduce risk for teen dating violence at all levels of the social ecology, including training for middle school students, parents, educators, policy change, and a peer-led communications program. Dating Matters will be released to communities by early 2018. This presentation will provide an overview of the Dating Matters model, and information to help attendees determine the potential fit for their communities and learn how to access the program.

**PARTICIPANTS WILL:**
1. Describe the components of the Dating Matters Comprehensive Prevention Model
2. Understand how and when to Dating Matters will be available for implementation in communities
3. Access resources and information to decide if Dating Matters is a good fit for their local health department or organization.

**Community-based approaches to prevent intimate partner violence: Evidence and steps for adaptation**
Diana J. Arango, MSc

*Innovative/Promising Practice Program Report*
A new World Bank and Global Women’s Institute study which highlights several examples of effective community mobilization interventions to prevent IPV, and underscores the basic components and steps that must be considered to adapt successful interventions to different contexts.

**PARTICIPANTS WILL:**
1. Increase knowledge of the most effective approaches to prevent intimate partner violence including specific examples.
2. Increase knowledge on how to adapt community-based interventions.

**Intimate partner violence among maternal, child and adolescent health populations in California: Data, policy, and program developments**
Martha E. Dominguez, MA, MPH, PhD
Jennifer Gregson, MPH, PhD

*Innovative/Promising Practice Program Report*
The California Department of Public Health (CDPH), Maternal, Child and Adolescent Health (MCAH) Division invests in state surveillance, data reporting systems, and community level efforts that enable MCAH to provide data and help to prevent intimate partner violence (IPV). MCAH’s IPV Initiative, a policy leadership and system of care effort, supports universal education, screening, intervention, capacity building, and social support resources. MCAH’s state-level surveillance data, the California Home Visiting Program, and policy leadership efforts will be discussed in this presentation.

**PARTICIPANTS WILL:**
1. Describe statewide data sources for IPV, applications for use, their capacity to examine intersectionality, and future directions.
2. Identify core MCAH state leadership components to foster IPV capacity development.
3. Describe programmatic, multi-level and system-based approaches to address, prevent, and respond to IPV and related contributing factors.

**The practice of sexual violence prevention: What’s happening and why you should know**
Katie M. Jones, MSW
Pam B. Brown, M Ed
Innovative/Promising Practice Program Report
The sexual and intimate partner violence prevention practice fields continue to evolve as prevention efforts are implemented in states and communities. Researchers, practitioners, and advocates are contributing to the knowledge base and defining next steps for the field. Presenters will share lessons learned in prevention work, identify resources to inform prevention initiatives, and provide examples from CDC’s grantees and their partners. Participants will discuss how their organizations can incorporate a prevention “lens” into their work, regardless of their primary focus.

PARTICIPANTS WILL:
1. Be able to identify types of information and expertise that can help support the development and implementation of violence prevention efforts.
2. Create a map of how their organization could engage with violence prevention efforts in their states or communities.
3. Identify violence prevention practices that are currently being implemented in various communities in the U.S.

HEALTH IMPACT OF D/SV ACROSS THE LIFESPAN
11:25 AM-12:45 PM | Sierra B, 5th Floor

Intersections of violence and HIV: prevalence and interventions among trans and cisgender survivors

Examining prevalence of sexual violence and perpetrator type across the lifespan among a U.S. sample of transgender women and cisgender people living with HIV
Jennifer Bentley Yore, MPH

Scientific Program Report
This presentation will examine the prevalence of sexual violence (SV) and perpetrator type across the lifespan among transgender women and cisgender people living with HIV (PLWH). The consequences of SV include both an increased risk for HIV, and poorer health outcomes among PLWH. To date, relatively few studies examining the intersection of gender identity and SV among PLWH have included the experiences of transgender women or reports of perpetrator type across the life span.

PARTICIPANTS WILL:
1. Be able to describe the prevalence of sexual violence across the lifespan as reported by people living with HIV.
2. Be able to identify disparities in sexual violence by gender identity as it relates to both timing and perpetrator types.

The life course development of syndemic gender-based violence, drug/alcohol use, and HIV/STIs: A retrospective cohort study of Black women at risk for HIV/STI
Kiyomi Tsuyuki, PhD, MPH

Scientific Program Report
This study describes the life course development of overlapping, or syndemic, substance misuse, mental health problems, gender-based violence (GBV), and HIV/STI among a sample of Black women at high risk for HIV/STI. This innovative study used cumulative trauma and the life course perspective to examine how childhood trauma affects sexual risk in adolescence and the SAVA syndemic in adulthood. Findings highlight the importance of providing a continuum of multi-level and integrated interventions, policies, and trauma-informed care for children and adolescents.

PARTICIPANTS WILL:
1. Understand the multiple intersections of gender-based violence (GBV), drug and alcohol misuse, and HIV/STI.
2. Describe life course experiences of GBV, substance use, and HIV/STI faced by women.
3. Learn strategies to actively engage syndemic-affected individuals into treatment.

An integrated IPV-HIV risk reduction intervention for women with a history of intimate partner violence
Mona Mittal, PhD

Scientific Program Report
HIV infection continues to be a serious public health issue. The primary aims of this pilot study were to test the feasibility, safety, and preliminary short-term efficacy of an 8-week, theoretically-guided, psychosocial intervention to simultaneously reduce women’s experiences of intimate partner violence (IPV) and their risk for HIV infection.

PARTICIPANTS WILL:
1. Describe the interconnections between intimate partner violence (IPV) and HIV acquisition among women.
2. Discuss the opportunities and challenges of developing integrated IPV-HIV interventions for at-risk women.

THURSDAY | SEPTEMBER 28, 2017
THURSDAY WORKSHOPS
HEALTH IMPACT OF D/SV ACROSS THE LIFESPAN
11:25 AM-12:45 PM | Sierra I, 5th Floor

The complex relationship between men’s use of alcohol and other drugs and their violence toward female partners: Implications for healthcare responses

Angela J. Taft, MPH, PhD
Jeff R. Temple, PhD
Ingrid M. Wilson, BA(Hons), PgDL
Gail Gilchrist, PhD

Symposium
The theme of this symposium is an exploration of the complex role of men’s alcohol and other drug use on domestic violence and sexual abuse perpetration. This session aims to move beyond the debate about alcohol as a cause of violence, to a nuanced discussion of the damaging effect and health impacts of co-occurring partner alcohol misuse and violence on women’s lives and relationships. Across cultures, partner alcohol misuse and other drug use are contributing risk factors in the perpetration of intimate partner violence (IPV). Women who experience violence from an alcohol-affected male partner report higher levels of fear and more severe injuries. Children are also negatively affected by a heavy drinking parent and exposure to parental violence. The WHO identified action on alcohol misuse as one lever for preventing violence against women. Yet, interventions addressing alcohol-related IPV are scarce. Health practitioners play an important role in identifying and supporting women and children at risk of alcohol and drug-related IPV. The purpose of this symposium is to introduce participants to global evidence and cross-cultural research on alcohol-related IPV and issues of gender in substance use and violence. The presentations will consider the implications of substance use across the lifespan of relationships; the perspectives of women survivors of alcohol-related IPV and working with perpetrators in substance-use treatment. Through a structured and interactive discussion, participants will have the opportunity to consider their own healthcare responses to increasing the safety of women and children at risk of alcohol and drug-related partner violence.

PARTICIPANTS WILL:
1. Explain the complex role of male alcohol and other drug use in the increased risk and severity of domestic and sexual violence perpetration.
2. Understand the broader impact of an intimate partner’s alcohol misuse on women’s lives and relationships, on their safety and the effect on children.
3. Utilize newly acquired knowledge in current healthcare settings to identify at risk women and children, and enhance victim/survivor safety.

HEALTH IMPACT OF D/SV ACROSS THE LIFESPAN
11:25 AM-12:45 PM | Salon 1-2

Trauma-informed: Models for integration in social service and healthcare settings

Sara R. Duran, CHES
Edward Machtinger, MD
Erin Falvey, PhD
Martina Savedra, LMFT

Skill-building Workshop
Christie’s Place, a women-led, women-focused agency that delivers comprehensive social and behavioral health services closely linked to HIV primary care for women and family members infected and affected by HIV in San Diego County, collaborates with the Women’s HIV Program of the University of California, San Francisco to present a dynamic workshop discussing key elements of their models of trauma informed care and service provision. The workshop will include the impact of trauma and mental health conditions including PTSD on the health outcomes of women living with HIV as well as how trauma-related barriers impact successful engagement in healthcare. The workshop will engage participants in discussing practice implications for primary care and social service settings including the importance of trauma-informed care environments and trauma-responsive behavioral health services. Further, the workshop will provide examples of strategies employed by Christie’s Place and the Women’s HIV Program for implementing a trauma-informed care model within policies and procedures, institutionalizing trauma-informed practices, as well as staff training on trauma-informed program application. Strategies are intended to strengthen consumer engagement, improve outcomes, and address the effects of interpersonal violence and victimization for consumers with trauma histories. This skills-building workshop is intended as a process guide for community-based organizations, social service providers, and healthcare settings considering implementing trauma-informed care, and is intended for all audiences working with vulnerable populations impacted by violence and abuse.

PARTICIPANTS WILL:
1. Identify the principles of trauma-informed care and how the principles relate to service provision.
2. Learn key components of two successfully employed trauma-informed models.
3. Develop strategies to increase trauma-informed practices in
Collective liberation: White people’s responsibility to dismantle white supremacy and privilege

David Lee, MPH
Lynn Rosenthal, N/A
Ed Heisler, BA

Skill-building Workshop

White supremacy affects every aspect of our society, and this includes our work with survivors and our efforts to end violence. Much of the focus in the anti-violence movement has viewed race through a “diversity” lens that ignores the strategic policies and practices that perpetuate white privilege and maintain barriers to resources, influence, and power for Native communities and communities of color. This workshop is geared towards white people seeking to become active participants in ending racism and white supremacy. Participants will discuss white supremacy as a system designed to maintain white economic, legal, political, and social privilege. Through narrative and self-reflection, participants will explore how white privilege operates in their lives and affects their work to end domestic violence and violence against women.

PARTICIPANTS WILL:
1. Be able to describe the habits of white supremacy.
2. Be able to describe the impact of white supremacy in the movement to end violence against women and girls.
3. Be able to identify one action they will take toward ending white supremacy.

Health and child welfare collaborations to support survivors of trafficking

Project thrive: A multidisciplinary one-stop shop model of healthcare for survivors of human trafficking

JoNell E. Potter, PhD

Innovative/Promising Practice Program Report

Florida is among the three top states where U.S. citizens and foreign nationals are subjected to human trafficking due to the dominance of its tourism, hospitality and agricultural industries. Once rescued, many victims need medical and mental health services. In an effort to address these needs, a one-stop shop model of care was designed and implemented to provide medical and mental health services as a strategic component to assist survivors with their recovery. The purpose of this presentation is to provide an overview of a model of medical care designed for human trafficking survivors.

PARTICIPANTS WILL:
1. Describe key components for a comprehensive one stop shop model of health care for survivors of human trafficking.
2. Review common medical and psychiatric morbidities among survivors of human trafficking.
3. Identify strategies to sustain comprehensive health care services that fosters compassion, trust, support, and stability for survivors.

The human trafficking victim medical home

Ronald G. Chambers Jr., MD, FAAFP
Holly Gibbs

Innovative/Promising Practice Program Report

This presentation will provide an overview of human trafficking with physician guidance on identification of victims, protocols for intervention, and techniques for victim-centered, trauma-informed care. Best practices will be discussed from the development of a highly successful human trafficking medical home providing longitudinal care for victims. Finally, a succinct human trafficking curriculum for resident physician training will be shared along with preliminary relevancy data from a multi-hospital study indicating utility and importance of incorporating human trafficking training into residencies nationwide.

PARTICIPANTS WILL:
1. Discuss the physicians role in caring for human trafficking victims including their need to be able to properly identify human trafficking victims, access appropriate local/federal resources, and provide victim and trauma centered patient care.
2. Understand how to create a successful longitudinal medical home for human trafficking victims.
3. Understand how to incorporate human trafficking education and training into residency curricula and the importance and benefits it provides for both victims and physicians.

Child welfare system responses to sex trafficking of adolescents: Benefits and risks of mandatory child abuse reporting and safe harbor laws
Abigail English, JD
Innovative/Promising Practice Program Report
The child welfare system is experiencing challenges in addressing the needs of vulnerable young people who are victims of sex trafficking. These youth need trauma-informed services that cut across multiple sectors. Child abuse reporting of sex trafficking and safe harbor laws are increasing the demands on child welfare systems while creating pathways to services. This session will offer a clear understanding of these legal developments as well as the investments needed to identify and serve trafficked and at-risk youth.

PARTICIPANTS WILL:
1. Understand the benefits and risks of mandatory child abuse reporting and safe harbor laws as approaches to protect vulnerable adolescents from sex trafficking and its adverse effects.
2. Identify the challenges and lessons learned that are associated with implementation of major policy changes and investments in child welfare system responses to sex trafficking.
3. Be prepared to advocate for effective legal changes and financial investments in participants states to improve the child welfare system capacity to meet the needs of at risk and sex-trafficked youth.

PARTICIPANTS WILL:
1. Describe ways that technology can promote trauma informed patient care and enhance service delivery.
2. Articulate the concept of health advocacy as an intervention for survivors of DV and sexual assault.
3. Identify potential community partnerships for designing a community-based system response for interpersonal violence.

If you build it, will they come? Reaching diverse women with an online safety and health intervention
Marilyn Ford-Gilboe, PhD, RN, FAAN
Innovative/Promising Practice Program Report

There’s an app for that: A review of mobile apps for violence prevention and response
Jessica Draughon Moret, PhD, RN
Erin Pollitt, MHA, BSN, RN, FNE-A, SANE-A
Innovative/Promising Practice Program Report
This session presents a systematic review and quality analysis of violence prevention and response mobile apps for intimate partner violence and sexual violence. These apps are freely available from either the Apple App Store (iOS) or Google Play (Android). These apps include such topics as: victim/survivor advocacy; regional services for intimate partner violence and sexual assault; research-based interventions for women and men who have or are experiencing violence; and primary sexual assault prevention.

PARTICIPANTS WILL:
1. Assess the quality of existing violence prevention and response mobile apps.
2. Describe two instances the learner could incorporate an existing violence prevention and response app into their current practice.
ADOLESCENTS
2:10 PM-3:30 PM | Salon 3-4

Healthy Teen Sexuality

Romantic relationships: Applying research and youth voice to strengthen adolescent pregnancy prevention

Pamela Anderson, PhD

Innovative/Promising Practice Program Report

This presentation will engage practitioners, educators, and researchers in exploring regional differences in adolescent romantic relationship characteristics, youth reflections on what they would like from programs including instruction on romantic relationships, and developmental neuroscience principles that can be used to help strengthen the application of relationships content in sexual health programming. Addressing romantic relationships embodies an adolescent development approach that is more holistic than focusing only on preventing sexually transmitted disease or pregnancy.

PARTICIPANTS WILL:
1. Be able to describe how sexual health content and skills can be re-framed by using relationships as a context for teen pregnancy prevention programming.
2. Be able to identify at least 1 way that developmental neuroscience can inform sexual health interventions.
3. Be able to identify at least 2 relationship characteristics that can differ by geographical region.

Beyond HIV and teen pregnancy prevention: Innovating on adolescent sexual health and safety programming

Elsa Falkenburger, MPA
Sade Adeeyo, MA

Innovative/Promising Practice Program Report

This session will provide lessons from Urban Institute’s Promoting Adolescent Sexual Health and Safety program - a community designed, community based approach to working with teens. The session will engage (interested) conference participants in sharing their own experiences and questions throughout the discussion.

PARTICIPANTS WILL:
1. Better understand one way of innovating on adolescent sexual health and safety programming - making it more community based and comprehensive, and focusing on community level outcomes, not just individual outcomes.
2. Provide the presenters and other participants with examples of their own innovations to adolescent programming - challenges and effective practices.

ASSESSMENT AND INTERVENTION
2:10 PM-3:30 PM | Salon 10-11

Screening for perpetration, not just victimization, in mental health and primary care settings

Primary care physicians experiences with male perpetrators of intimate partner violence (IPV) and opinions regards screening for IPV perpetration in the primary care setting

Brian Penti, MD

Scientific Program Report

Previous research has shown that male patients report rates of intimate partner violence (IPV) perpetration from 13.5 to 23% and 42–63% of male perpetrators of IPV report having been treated in a healthcare setting in the previous 6 months. Nonetheless, there is a paucity of research exploring the role that physicians might play in intervening with male perpetrators of IPV. We conducted a qualitative research study to explore physician’s interactions with male patients known to have perpetrated IPV, to explore potential educational opportunities, and to explore opinions about screening men for IPV perpetration in the healthcare setting.

PARTICIPANTS WILL:
1. Understand the opportunities for screening for perpetration in health settings.

Addressing intimate partner violence in couples therapy: The process of screening, assessment, and public health collaboration

Emily Nichols, MSW
Sudha Sankar, MS

Innovative/Promising Practice Program Report

This presentation will address the imperative for couple therapists to recognize and conduct effective intimate partner violence protocols for IPV screening and assessment. Presenters will explore how to address IPV in couples treatment and introduce materials to assess client IPV data, and create treatment plans around IPV. The workshop will also discuss how couple therapists can collaborate with other professionals in public health fields to develop comprehensive treatment plans addressing IPV.

PARTICIPANTS WILL:
1. Be able to identify the urgent need for couple therapists to engage in intimate partner violence screening and assessment.
2. Understand a protocol for conducting intimate partner violence screening and assessment with couples seeking treatment.
3. Understand pathways for collaboration between couples therapists and other public health professionals in intimate partner violence treatment.

**CHILDREN**

2:10 PM-3:30 PM | Salon 1-2

*Trauma informed care and violence prevention in pediatric settings*

Utilizing an innovative electronic tool to maximize survivor safety and ease provider needs when screening for IPV in a pediatric hospital

Jessica R. Palardy, MSW, LSW
Ashlee L. Murray, MD

*Innovative/Promising Practice Program Report*

Pediatric providers often face barriers in screening caregivers, citing discomfort with screening, uncertainty of how to handle a positive screen, and inability to safely document intimate partner violence (IPV) screening given potential medical record access by all legal guardians. Solutions include a universal process initiated by clinicians, safe documentation for real-time referral, and on-site support and education. Incorporating feedback from staff, we have created a safe, innovative process that uses technology to screen and refer pediatric patient caregivers for IPV.

**PARTICIPANTS WILL:**

1. Describe how to utilize a third-party data tracking tool to maximize safety and efficiency when screening for IPV in a pediatric setting.
2. Identify best practices used when implementing a program in a pediatric setting that incorporates screening, documentation, referral, and follow-up services for families experiencing IPV.

Do we really know our patients? Pilotig a trauma informed model of care in Australian pediatric hospital settings

Anita M. Morris, PhD, MSW, BSW (Hons)

*Innovative/Promising Practice Program Report*

This presentation describes a trauma informed model of care piloted in three Australian pediatric hospital settings. The model introduces a brief intervention based on trauma screening and assessment that informs of patient and caregiver trauma context and creates opportunity for tailored intervention. Case studies are used to illustrate the findings and consumer feedback appraises the model of care.

**COMMUNITY AND PUBLIC HEALTH PREVENTION PRGMS**

2:10 PM-3:30 PM | Sierra C, 5th Floor

*Latina community centered care in three culturally committed programs*

Supporting Latina immigrant women survivors of gender-based violence (GBV) in the community health clinic setting

Annie Sylvain, MSc

*Innovative/Promising Practice Program Report*

Session will share La Clínica del Pueblo’s experience supporting Latina immigrant women survivors of gender-based violence (GBV) within the primary care setting. La Clínica developed a trauma-informed, culturally and linguistically competent approach to GBV in its community health center and has seen an increase in disclosure and referrals to GBV support services as a result.
PARTICIPANTS WILL:
1. Be able to anticipate barriers to the integration of gender-based violence education and support services for immigrant Latinas in community health centers.
2. Be able to identify the steps to integrate community health workers and universal gender-based violence education into primary care services for immigrant Latinas.
3. Be able to utilize strategies to enhance linkage to services for Latina immigrant survivors of GBV.

An empowering educational and awareness tiered initiative for Latinas and providers, to address fears/barriers that many Latinas experience when contemplating reporting D/SV, despite immigration status, focusing on reinforcing cultural pride/values
Elaine M. Hewins, CSW
Innovative/Promising Practice Program Report

Latina immigrants may have unique experiences of abuse related to immigration status, increased isolation due to language/cultural barriers, and accessing resources due to cultural beliefs about the private nature of D/SV, and concerns about risk of deportation. NO MAS Violencia seeks to build on a major strength of Latino communities; women helping women. Latina attendees felt empowered with increased hope and knowledge, while maintaining pride in cultural beliefs/values, and shifted away from the taboo of not discussing D/SV outside the home.

PARTICIPANTS WILL:
1. Recognize common barriers Latinas face to reporting D/SV; gain positive approaches to reduce barriers while highlighting strengths of Latino culture.
2. Describe rights that undocumented D/SV victims/survivors have under federal law.
3. Identify effective strategies to educate providers and survivors about D/SV in Latino communities, to improve their response toward survivors.

Early childhood interventions for violence and trauma in a pediatric healthcare setting
Kira Bellolio, JD
Ana Maria Rodriguez, BA
Innovative/Promising Practice Program Report

This presentation will review successful one-time interventions utilized in a pediatric healthcare setting for Latino families at high risk of early childhood trauma and violence. The presentation will review data gathered during a three year partnership between the Latina Domestic Violence Program, a culturally specific domestic violence program, and a local pediatric hospital.

PARTICIPANTS WILL:
1. Understand one-time interventions utilized in a pediatric healthcare setting for the prevention of early childhood trauma and violence in Latino communities.
2. Successfully connect Latino families at risk for violence and trauma with the appropriate evidence based and culturally appropriate resource.

EDUCATING AND ENGAGING PROVIDERS
2:10 PM-3:30 PM | Sierra I, 5th Floor
Supporting survivors after refugee resettlement and natural disasters

Gender-based violence following the great east Japan disasters: The role of health and allied professionals
Mieko Yoshihama, PhD, MSW, ACSW
Scientific Program Report

PARTICIPANTS WILL:
1. Describe different types of gender-based violence perpetrated following major disasters.
2. Identify specific ways in which disasters influence the vulnerability of women to gender-based violence.

Multilevel risk and protective factors for abuse and needs for safety planning interventions among immigrant and refugee women survivors of intimate partner violence
Bushra Sabri, PhD, MSW
Scientific Program Report

With the growing diversity of the U.S. population, and the risk of intimate partner homicides among abused immigrant/refugee women, practitioners are more likely to encounter situations that require culturally responsive risk assessments and safety planning interventions. Using qualitative focus groups and in-depth interviews, and a quantitative checklist, our study identified culturally specific risk and protective factors among diverse groups of abused immigrant and refugee women. Further, the study identified women’s current safety strategies and needs for safety planning interventions.
PARTICIPANTS WILL:
1. Identify culturally-specific risk and protective factors for intimate partner violence and intimate partner homicide for at least three racial/ethnic groups of immigrant and refugee women.
2. Apply knowledge of the unique factors important to these women in safety planning interventions.
3. Acquire knowledge about culturally-specific risk and protective factors for intimate partner violence and intimate partner homicide among the three racial/ethnic groups of immigrant and refugee women: Africans, Asians, and Latinas. Understand factors that are critical in safety planning interventions with immigrant and refugee survivors of intimate partner violence.

Health and mental health in resettled refugee women with a history of domestic and sexual violence
Anne Mantini, PhD
Scientific Program Report
This study identifies mental health status, posttraumatic stress disorder (PTSD) and experiences of domestic and sexual violence in newly arrived refugee women. We examine these factors in order to delineate a framework to explain how refugee, trauma and gendered-violence specific factors exacerbate their already vulnerable situation to impact on the types and severity of health and mental health concerns.

PARTICIPANTS WILL:
1. Understand patterns of health and mental health impacts in refugee women.
2. Be familiar with the types of symptom profiles that refugee women with IPV present.

Intersectionality in health care practice: Harmony - partnering bilingual advocates and bilingual primary care clinicians to support migrant and refugee women experiencing domestic violence
Angela J. Taft, MPH, PhD
Scientific Program Report
Australia has a rich and diverse diaspora, increasingly from South Asia. Diaspora families can experience the same rates of domestic violence as in the home country. This session describes the rationale, methods, and outcomes of a primary care intervention trial teaming bilingual family practices with bilingual advocates and agencies in South Asian communities to prevent and reduce domestic violence. The study also tried to develop routine data in family practice to better identify migrant patients and those experiencing domestic violence.

PARTICIPANTS WILL:
1. Understand the rationale and methods of the HARMONY South Asian primary care domestic violence project we undertook in Melbourne, Australia.
2. Understand the challenges and importance of building sustainability and routine monitoring of DV in primary care.
3. Have a chance to discuss their own experiences of trying to establish routine DV care in diaspora communities primary care services.

EDUCATING AND ENGAGING PROVIDERS
2:10 PM-3:30 PM | Sierra J, 5th Floor
Training innovations in IPV and dating violence for medical students and other clinicians in training

Implementing intimate partner violence (IPV) screening in a medical school setting
Janice Hill-Jordan, PhD
Scientific Program Report
This session will report on a multipronged initiative to implement screening and referral practices in an academic healthcare setting through the use of educational initiatives and victimization surveys. We will present the findings of two years of medical student victimization surveys and findings from a patient victimization survey conducted in 2017. The patient survey is based on the medical student victimization survey, which allows us to compare differences between the victimization experiences of medical students and patients.

PARTICIPANTS WILL:
1. Articulate screening requirements of various health professions together with any changes to the screening requirements of the ACA in 2017.
2. Utilize best practice screening tools for IPV.
3. Identify examples of behaviorally-specific questions used in victimization surveys.

Clinical responses to teen dating abuse: Promising practices from a medical school service-learning course
Alesha Istvan, MA, PhD
Innovative/Promising Practice Program Report
PARTICIPANTS WILL:
1. Acquire new methods for developing patient-centered resources and practices.
2. Be able to identify innovative tools for health-based, distance-learning initiatives.
3. Gain understanding on the importance of incorporating youth-centered violence prevention and intervention education in the medical school setting.

**Empowering clinicians-in-training to address domestic violence: A novel, multidisciplinary medical student elective**

Radhika Sharma, MPH  
Sonia Oyola, MD

*Innovative/Promising Practice Program Report*

The overall goal of this session is to engage participants in an interactive dialogue about the various educational multidisciplinary collaborative strategies designed to equip medical students with attitudes, values, and competencies to provide high quality, patient-centered care for persons experiencing domestic violence. The presenters will share information about our current curricular model and also data regarding medical student attitudes before and after completing the course. Participants will gain useful insights for training medical students via community-engaged service learning.

**PARTICIPANTS WILL:**
1. Discuss the opportunities and challenges of creating multidisciplinary training programs.
2. Relay the benefits of engaging medical students in a service project that builds a DV agency’s client wellness resources.
3. Practice formal and informal mindfulness practices to prevent provider and advocate burnout that can also alleviate secondary trauma.

**HEALTH IMPACT OF D/SV ACROSS THE LIFESPAN**

2:10 PM-3:30 PM | Salon 14-15

**Gender based violence and HIV: New strategies to address this intersection in community settings and healthcare settings to reduce health inequities among black women**

Jamila K. Stockman, PhD, MPH  
Edward Machtinger, MD  
Kamila A. Alexander, PhD, MPH, RN

*Symposium*

The theme of this symposium is the intersection of gender-based violence (GBV) and HIV among vulnerable Black women. The purpose of this symposium is to bring together an interdisciplinary group of scholars, health care professionals, and DV service providers who are experts in DV and/or HIV care, in order to generate new collaborative best practices in multiple community and health care settings on the intersection of GBV and HIV. The symposium will consist of a presentation of physiological and immunological mechanisms including diagrams illustrating the link between GBV and HIV, case study presentations, and review of survey and medical record data. The symposium will include an interactive structured discussion with participants in order to generate protocols for collaboration between health care professionals in HIV care and community settings with DV providers, DV practitioners, and HIV prevention practitioners.

**PARTICIPANTS WILL:**
1. Understand the varied intersections of gender-based violence and HIV and orient to current and innovative research that seeks to examine and describe the scope of this intersection among vulnerable Black women.
2. Distinguish various methodologies to reduce gender-based violence and HIV.
3. Identify trauma-informed service models that can be integrated into prevention and treatment programs.

**HEALTH IMPACT OF D/SV ACROSS THE LIFESPAN**

2:10 PM-3:30 PM | Sierra A, 5th Floor

**IPV during pregnancy: health outcomes and access to care**

Experiences of intimate partner violence during pregnancy among minority women in California, its association with postpartum depressive symptoms, and the role of social support (MIHA 2010-2014)

Monisha K. Shah, MPH

*Scientific Program Report*

During this session, we will explain how MIHA data from 2010-2014 was used to examine the prevalence of intimate partner violence during pregnancy, post-partum depressive symptoms and other maternal characteristics among the California maternity population. We then will explain the association between intimate partner violence during pregnancy and subsequent post-partum depressive symptoms by different racial/ethnic groups and assess the role social support plays, if any, in this association.

**PARTICIPANTS WILL:**
1. Understand the prevalence of intimate partner violence (IPV) during pregnancy and postpartum depressive symptoms among a uniquely diverse population of California women.
2. Understand how IPV during pregnancy is associated with postpartum mental health.

3. Understand the role social supports play between IPV during pregnancy and postpartum depression.

**Does disclosure of intimate partner violence prenatally reduce access to universal well-baby visits for mothers and babies?**

Jeannette M. Walsh, B.SocStud, M.Health Science

*Scientific Program Report*

This research uses a retrospective file audit to examine provision of universal well-baby care for two cohorts: 100 women disclosing intimate partner violence prenatally and 100 women who did not, matched by baby’s date of birth and suburb. In New South Wales, Australia, universal care includes offering an initial home visit unless a staff safety risk is identified, which may include intimate partner violence. Files were reviewed using a file audit tool; results from the two cohorts were compared.

**PARTICIPANTS WILL:**

1. Understand whether and how an IPV intervention was successful in reducing IPV in women’s lives.

2. Identify barriers to health workers providing universal well-baby health care for women who disclose intimate partner violence prenatally.

**Associations of intimate partner violence with maternal health complications and poor birth outcomes among a representative sample of mothers of children under 5 in Bihar, India**

Anita Raj, PhD

*Scientific Program Report*

This study of mothers in Bihar, India found that 47% had experienced physical and/or sexual IPV, and IPV was associated with greater risk for maternal health complications and poor birth outcomes. The observed association between IPV and poor birth outcomes only held for women with higher income and more educated women, possibly because deprivation may be a stronger driver of poor birth outcomes than is IPV. These findings document IPV as a risk factor of poorer reproductive and maternal health.

**PARTICIPANTS WILL:**

1. Learn about the relationship between IPV and birth outcomes among women in Bihar, India, a state characterized by a disproportionate burden of under-development and poor maternal and child health outcomes.

2. Learn about the role of education and wealth on observed associations between IPV and our maternal and birth outcomes of focus.

**Safe and sound: A randomized controlled trial of a counselling intervention in antenatal care to address violence against women in Johannesburg, South Africa**

Claudia Garcia-Moreno, MD, MSc

*Scientific Program Report*

Addressing violence against women (VAW) within the antenatal care setting is an important aspect of improving maternal, perinatal and infant health given the evidence linking violence during pregnancy with adverse outcomes (due to direct trauma as well as stress-induced effects on fetal growth and development) for both pregnant women and their infants. This study was a phase one randomized controlled trial to examine the feasibility, efficacy and potential benefits of integrating identification of intimate partner violence and a two-session ‘empowerment counselling and support intervention for pregnant women in routine antenatal care in South Africa as well as other low resource settings.

**PARTICIPANTS WILL:**

1. Understand whether and how an IPV intervention was successful in reducing IPV in women’s lives.

2. Understand IPV survivors’ experiences of poor health outcomes.

**HEALTH POLICY AND SYSTEMS CHANGE**

2:10 PM-3:30 PM | Sierra H, 5th Floor

*Implementation of IPV programs and support in the Veterans Health Administration*

**Responses to patients’ positive screen for past-year intimate partner violence: What happens in the health care setting?**

Melissa E. Dichter, PhD, MSW

*Scientific Program Report*

With the proliferation of routine intimate partner violence (IPV) screening in healthcare settings, we see a lack of information about and resources around follow-up care in response to a positive screen. Following the implementation of routine IPV screening and coordinated follow-up services in the Veterans Health Administration (VHA), this presentation will report on the results of a review of medical records of VHA patients who screened positive for experience of past-year IPV to identify the types and extent of response and follow-up to positive IPV screening in the six months following the screen.
PARTICIPANTS WILL:
1. Understand a variety of ways in which healthcare providers and systems might respond to patients’ disclosure of intimate partner violence experience.
2. Be able to discuss how responses to disclosures of intimate partner violence within the healthcare setting might be documented and addressed in clinical care.

Veterans health administration update of the intimate partner violence assistance program implementation
Kelly Buckholdt, PhD
LeAnn Bruce, PhD, LCSW
Innovative/Promising Practice Program Report
In 2012, the Department of Veterans Affairs (VA) chartered a task force to develop a national program to address intimate partner violence identification and services for veterans. This presentation describes the VA Intimate Partner Violence Assistance Program including a status report on a) the 14 key recommendations that have guided implementation over the initial years of the program and b) promising practices being refined at VA facilities nationwide.

PARTICIPANTS WILL:
1. Be able to verbalize at least 3 of the key recommendations that guide the VA IPV Assistance Program.
2. Gain an understanding of the current status of VA efforts to assist veterans who experience IPV, veterans who use IPV, and VA employees impacted by IPV.
3. Be able to tell others about the IPV services available to veterans.

Implementation of the Veterans Health Administration Intimate Partner Violence Assistance Program in the country’s largest integrated healthcare system
Julia Caplan, LCSW-C
Kristi Ketchum, LCSW
Innovative/Promising Practice Program Report
As the largest integrated health care system in the United States, the Veterans Health Administration (VHA) is uniquely positioned to offer IPV assistance and prevention to veterans and their intimate partners. This session will highlight key areas of the VHA program, focusing on: the interdisciplinary approach to screening and intervention within VA medical centers, collaboration between VA medical centers and community partners, and the challenges to implementing a large scale program in a nation-wide health care system.

PARTICIPANTS WILL:
1. Identify strategies for getting staff and organizational buy-in as well as collaboration from community providers.
2. Articulate challenges to implementation of IPV programming within a large, diffuse healthcare system and strategies to overcome barriers.

HEALTH POLICY AND SYSTEMS CHANGE
2:10 PM-3:30 PM | Juniper
Legislative, public health and evidence-based approaches to foster new collaborations and professional engagement
Taking a policy approach to provider engagement and prevention: Texas house bill 2620 creating a task force on health care system response to intimate partner violence
Krista Del Gallo, BA
Innovative/Promising Practice Program Report
Recognizing that intimate partner violence (IPV) and survivor advocates were largely left out of important forums guiding a shaping health care protocol and practice in the perinatal arena in Texas, the Texas Council on Family Violence utilized policy advocacy to propel engagement and collaborative efforts through a legislatively created task force on the health care system response to pregnant and post-partum survivors of IPV. This session will discuss the legislative process and recommendations and outcomes from the task force.

PARTICIPANTS WILL:
1. Describe how the legislative process may be a tool in prompting provider and advocacy community engagement.
2. Summarize the state legislative approach as well as implementation and outcomes, using HB 2620 and the subsequently created task force as a case study.

The movement towards violence as a health issue: Sharing and leveraging evidence-based approaches to violence prevention
Shannon Cosgrove, MHA
Innovative/Promising Practice Program Report
This session will highlight the evidence informed health approaches working to prevent violence in communities nationwide.
PARTICIPANTS WILL:
1. Describe the interconnected nature of all forms of violence as a health issue with an equity lens.
2. Introduce the framework for implementing a system-wide health approach to violence prevention within their own organizations.

From paper to practice
Taneekah M. Johnson, BA

Innovative/Promising Practice Program Report
From Paper to Practice shares the Massachusetts process of moving a general state law, mandating domestic violence and sexual assault education and training through various Boards of Registration, from paper to implementation and practice.

PARTICIPANTS WILL:
1. Understand the importance of partnership building.
2. Learn how to be a catalyst, convener, and liaison for system change.

SOCIAL DETERMINANTS OF HEALTH
2:10 PM-3:30 PM | Salon 5-6

Building an intersectional movement through building the power of the margins, a workshop by and for people of color
Beckie Masaki, MSW
Farah Tanis, MFT

Skill-building Workshop
Audre Lorde stated, “There is no thing as a single-issue struggle because we do not live single-issue lives.” We live at the intersections of race/ gender as people of color who are working intentionally in the intersections of fields/ disciplines. This workshop is by and for people of color across gender identities and expressions. Two women of color Movement Makers from Move to End Violence, Farah Tanis and Beckie Masaki, are the presenters/ facilitators of this workshop. Farah and Beckie will share stories that ground us in the present times and co-create the stories of our future. Participants will be engaged in much-needed movement building conversations on the intersections of race and gender equity. In the second part of this workshop, participants will engage in a strategy session to discuss what we all can do to strengthen the violence against women movement’s intersectional approach and lens. We’ll collectively explore creative and effective multi-issue strategies centered in the experiences of girls, women, trans-people, and gender non-conforming people of color. We will cultivate, deepen, and practice the process and outcome of building the power of the margins.

PARTICIPANTS WILL:
1. To share short talks by presenters about their journeys of working and living in the intersections of race and gender, and intentionally working in the intersections of fields/ disciplines.
2. To engage participants to cultivate, deepen, and practice centering the margins.
3. To create concrete action plans and next steps to build an intersectional movement.

SPECIAL AND EMERGING TOPICS
2:10 PM-3:30 PM | Salon 12-13

Sex workers’ experiences of violence: prevalence, interventions, and HIV risk reduction
Minouche Kandel, Esq.
Dee Wollstonecraft Michel

Innovative/Promising Practice Program Report
This session will describe how members of an anti-human trafficking task force collaborated with sex worker rights organizations to find common ground to address violence against sex workers. We will describe a policy we developed with law enforcement partners to create a climate where sex workers did not fear reporting rape or other violent crimes, as well as a “bad date line” that permits sex workers to inform one another about violent predators.

PARTICIPANTS WILL:
1. Situate violence against sex workers within the broader category of violence against women.
2. Describe the challenges and opportunities of collaborations among anti-human trafficking/domestic violence/sexual assault advocates and sex worker rights advocates, and one program developed in collaboration.

Overlapping intimate partner violence and sex trading among high-risk women: Implications for intervention strategies
Tina Jiwatram-Negrón, PhD

Scientific Program Report
Emerging research suggests intimate partner violence may be a key risk among women who trade sex. In this presentation,
We discuss findings from a project conducted in New York City among a sample of 346 substance-involved women, some of whom reported recent sex trading. Specifically, we report on the prevalence and association between recent sex trading and intimate partner violence, and then discuss the risk and protective factors associated with IPV among the sample. Implications for practice are then discussed.

**Participants Will:**
1. Be able to describe the prevalence and types of IPV experienced among a sample of vulnerable women in New York City, some of whom report sex trading.
2. Be able to understand the risk factors associated with IPV among a sample of vulnerable women in New York City, and identify potentially useful screening and intervention strategies in care settings.

**Child sex trafficking associated with childhood experiences of sexual violence, pregnancy, and marriage among a representative sample of female sex workers in two U.S.-Mexico border cities**

Sabrina C. Boyce, MPH

*Scientific Program Report*

Child sex trafficking is a global human rights and public health problem, yet little is known about risk factors that create vulnerability for trafficking, hindering national and multilateral prevention efforts. Results from a representative study of female sex workers in Northern Mexico will be presented describing the relationship between childhood experiences of sexual violence, pregnancy, and marriage and being sex trafficked. Results will be discussed in terms of opportunity for primary prevention of child sex trafficking along the U.S.-Mexico border.

**Participants Will:**
1. Learn whether marriage, pregnancy, and sexual violence as a child place girls at risk for subsequent child sex trafficking based on data from female sex workers in two US-Mexico border cities.
2. Gain new insight on risk factors for underage sex trade and how health services may provide a helpful context for identifying those at risk and preventing underage sex trade entry.

**A brief, trauma-informed intervention to address safety and HIV risk among women who trade sex**

Michele Decker, ScD, MPH

*Scientific Program Report*

We will present community-partnered development, implementation, and results of a trauma-informed intervention for high-risk women.

**Participants Will:**
1. Be able to describe a community-based, participatory process to intervention development with a high-risk, marginalized population.
2. Be able to describe feasibility, acceptability, and preliminary impact of trauma-informed care for an underserved population.

**Special and Emerging Topics**

2:10 PM-3:30 PM | Sierra B, 5th Floor

**Beyond trauma informed care: Developing trauma healing practice frameworks**

Suzanne C. Koepplinger, MA

*Innovative/Promising Practice Program Report*

This session will explore how we can move beyond trauma informed care models to embrace a “trauma healing practice” framework that embeds culturally grounded healing from trauma practices in community as a component of a robust continuum of care. Practical tools and techniques for building resilient organizations while managing vicarious, individual and historic trauma will be introduced. Evidence of the efficacy of mind/body tools in promoting wellbeing and healing trauma will also be discussed.

**Participants Will:**
1. Better understand the role of self-regulation in healing from trauma.
2. Learn about emerging models of culturally based healing from trauma as a component of a continuum of care.
3. Gain an understanding of how vicarious stress impacts them and learn practical tips for managing stress.

**Caring for providers: Innovations in mindful self-regulation and attunement to prevent burn out and compassion fatigue**

Rebecca Levenson, MA

*Innovative/Promising Practice Program Report*

**Participants Will:**
1. Be able to name two strategies for creating a trauma informed workplace policy that highlights the importance of self-care.
2. Understand how the Facilitated Attuned INTERactions (FAN)
developed by the Erikson institute and adapted by Futures, can be used as a tool to better address staffs personal and vicarious trauma with patients and clients.

**Building resilience: An organizational response to secondary trauma**

Tanya Draper Douthit, MSW, LSCSW
Lisa Fleming, MSW

Innovative/Promising Practice Program Report

Leaders from a domestic violence organization will present their organizational philosophy regarding secondary trauma. Practical supports and strategies that have been implemented to help mitigate the effects of trauma exposure on staff will be shared with participants.

**PARTICIPANTS WILL:**

1. Identify effective polices, practices, communications, and environments that advance organizational response to secondary trauma.
2. Determine solutions to overcome named barriers/challenges to implementing strategies for the organizational response to secondary trauma.
3. Select at least two strategies to begin or enhance their individual and organizational plan to mitigate the impacts of secondary trauma.
Adolescents

1. **Chinamwali, as a rite of passage and associations with forced sex victimization among primary and secondary school girls in Malawi**
   Shannon Wood, MSc

   Chinamwali is a Malawian rite of passage undergone by girls and boys when they transition from childhood to adulthood. To date, no studies have examined the prevalence of chinamwali and its effect on sexual, reproductive, or mental health outcomes. The objective of this study is to determine if chinamwali undergone by school girls is associated with forced sex victimization. Secondary objectives include examining individual types of chinamwali and mediation through girls’ self-confidence.

2. **Lunch dates with DOVE: Middle school prevention in rural WA**
   Elizabeth A. Archambault, PhD

   Lunch Boxes are interactive lunch-time primary prevention activities for middle school students around building healthy relationships and decreasing violence. Three ten-week modules have been developed by DOVE: healthy relationships, equity versus equality, and bystander intervention.

3. **Outcome measures for Indigenous young people interventions: Adolescent relationship violence or well-being and healthy relationships?**
   Jane Koziol-McLain, RN, PhD

   To realize a reduction in adolescent relationship violence, comprehensive, accessible, innovative and cost effective prevention interventions are needed. In Aotearoa/New Zealand, it is critical that interventions are informed by te ao Māori (Māori world view). Poster viewers will articulate the need for adolescent research relationship instruments that are developed with Indigenous young people and informed by children and Indigenous rights and research principles.

4. **Prior abuse and commercial sexual exploitation (CSE): What are the risk and protective factors for CSE among child welfare involved youth with prior experiences of abuse?**
   Danna Basson, PhD, MPP

   Though it is known that past abuse is a risk factor for future abuse, it is not known why some abused youth are more vulnerable than others to subsequently experiencing commercial sexual exploitation (CSE). Currently, most studies rely on data about CSE youth without an appropriate comparison group, limiting our understanding of what protects abused youth from subsequent exploitation. The study objectives are to identify the risk and protective factors for CSE among youth experiencing prior abuse.

5. **Sexual violence prevention through empowerment self-defense: A cluster-randomized controlled trial with adolescent women in Malawi**
   Michele Decker, ScD, MPH

   Sexual violence is prevalent globally, particularly for adolescent women. Elimination of violence against women and girls is a Sustainable Development Goals priority, yet effective, durable interventions are limited, particularly in low and middle income countries. Empowerment self-defense has shown some success in violence prevention, primarily with college students in developed settings, and recently with adolescent women in densely-populated settlements of Nairobi, Kenya. We describe an empowerment self-defense intervention and evaluation via cluster-randomized controlled implementation trial with school-age women in Malawi.

6. **Using public health indicator data to inform teen dating violence prevention**
   Melanie Ruhe, MPH

   To address emerging health demands, local health departments are taking on the role of “Chief Health Strategists” in their communities. Therefore, they must be skilled in acquiring, analyzing and translating data to inform practical intervention strategies. They have the potential to be leaders in teen dating violence (TDV) prevention utilizing data skills to understand the prevalence of TDV. This project explored publicly-available data as potential indicators of TDV that will inform and assess the impact of TDV prevention efforts.
Advocacy and Survivor Perspectives

7. Individual and couple therapy for intimate partner terrorism: Partner personality disorder and survivor meaning making
Liane J. Leedom, MD
Intimate partner terrorism is associated with severe adverse mental health outcomes, particularly for women and children. In spite of this reality, mental health professionals do not receive adequate training in the identification of abuse and the treatment of survivors. This study surveyed 580 survivors of intimate partner terrorism to determine the nature of abuse, perpetrator personality traits, and whether or not couple and individual therapists identified these traits.

8. Inked journal: Tattoo as personal narrative for survivors of sexual trauma
December Maxwell, MSW
Motivations of tattoo attainment have limited research, especially among survivors of sexual trauma. Sexual trauma survivors often have PTSD and tattoo may align with existing PTSD therapies. Exploring these motivations offers insight into the use of personal narrative with tattoo as well as alternative therapeutic processes that survivors seek. This exploratory qualitative research will discuss findings from survivors of sexual trauma regarding their motivations for attaining tattoos.

9. Intimate partner violence, reproductive coercion, and contraception among patients in a reproductive health setting: A mixed methods study of patient preferences regarding a clinic-based intervention
Lindsay M. Cannon, BS
IPV is a significant public health problem, which has been linked to lack of or inconsistent use of contraception. Past work suggests that fear of violence or sabotage of contraceptives may explain this relationship. This poster will investigate associations between intimate partner violence (IPV), reproductive coercion (RC), and contraception. To understand IPV and RC intervention preferences, barriers to uptake, and implementation issues.

10. Oregon Safer Futures: Community-based advocacy in partnership with health care systems to improve the safety and well-being of pregnant and newly parenting women who are survivors of domestic and sexual violence
Christine Heyen, MA
Oregon Safer Futures is a project that supports community-based, D/SV advocacy interventions in health care settings. The project engaged in four main strategies (participant, provider, program and policy) to improve the safety, health and well-being of pregnant and newly parenting women who are survivors of D/SV. Key project activities, accomplishments, and outcomes showcase how the Oregon Safer Futures project is a model for other states to follow.

11. Training health center based advocates to work with survivors of domestic violence: Advocacy of being and advocacy of doing
Lorraine Lafata, MSW, LICSW
This poster session outlines the importance of advocates learning to work with survivors in two different relational domains, being and doing. Being with a survivor is about learning to stay present to the survivor’s unfolding life experience, using tools of deep empathy and engagement. In the realm of doing, we learn to work in conjunction with a survivor to effectuate external changes in their circumstances, using empowerment-based practice to locate and access resources.

12. Trauma-informed care as leverage for improving integration of IPV advocacy within the Columbia River Gorge CCO (Oregon Medicaid)
Rebecca Dee Simmons, MA
Located in The Dalles, Oregon, HAVEN from Domestic and Sexual Violence, through its Safer Futures Project, has been working with the Columbia River Gorge CCO (Oregon Medicaid), to improve integration of IPV advocacy within health systems. Leveraged through the region’s community-wide implementation of trauma-informed practices, this partnership led to a collaboration on the development of the 2016 Community Health Assessment (CHA) questions about IPV, leading to an increase of <1% to 17% disclosure of IPV compared to the 2013 CHA.
13. Adherence to a batterer intervention program and its association with arrest charges  
Kelley A. Jones, PhD, MPH  
In order to better understand the usefulness of recidivism as an outcome measure for batterer intervention programs (BIPs), we performed a more detailed description of arrest data for clients of a BIP. This poster will assess criminal arrest charges for men referred to a BIP and test associations between completion of BIP sessions and post-BIP charges.

14. Advocacy: Switching gears, gotta keep moving  
Ann Myers, RN  
Learn how to act as part of a multidisciplinary team in order to address the often complex needs of a victim of IPV. One of the reasons your role is so vital is that the agencies and individuals your clients will be dealing with generally have fragmented responsibilities. Police officers, judges, attorneys, child protective services, etc. all have a role to play, but they stay in their respective “swim-lanes” which may create gaps in service or slippery hand-offs between specialists.

15. Arise to safety: Lessons learned from a hospital emergency department-based intimate partner violence screening program  
Tamara Reif, MSSW  
Arise to Safety utilizes this setting to intervene in Intimate Partner Violence (IPV), and connect survivors with safety planning and community resources, in order to reduce IPV homicides and create a safer community. Arise to Safety is a collaboration between KentuckyOne Health, The Center for Women and Families and University of Louisville School of Public Health. This program is unique as an alternative to more traditional approaches to identifying survivors, such as police lethality assessment and relying on survivors to reach out independently to IPV services.

16. Communicating with clients about intimate partner violence and reproductive coercion in family planning clinics: A qualitative analysis of a pilot communication-skills training intervention  
Amber L. Hill, MPH  
Current IPV/RC screening guidelines focus on the frequency of screening, providing minimal emphasis on quality. Existing evidence shows that the way providers communicate is important to IPV survivors, who stress the need for normalization, universal education, expressions of support, and non-judgmental tone. As part of a pilot trial of IPV communication skills training, we sought to describe the range of IPV/RC communication behaviors used by provider participants.

17. Development of an intimate partner violence screening and intervention program: Using prototyping to guide innovation  
Kelly Buckholdt, PhD  
This presentation highlights the development of a clinical reminder (a provider-facing alert in the VA medical record) that uses the EHITS and Danger Assessment items to screen for IPV and guide provider follow-up. It illustrates the use of field-based observations and stakeholder feedback to drive improvements, outlines the spread of the innovation across a broader range of clinics and facilities, and it describes response rates from over 5,000 screenings completed at the facility since implementation in 2014.

18. Domestic safety screening in a pediatric emergency department: Quality improvement measures for improved screening  
Lenore R. Jarvis, MD, MEd  
Although the pediatric emergency department (PED) often serves a high-risk vulnerable patient population, in our PED, domestic safety screening was rarely completed. PED nurses identified a need for improved domestic safety screening and believe in mandatory, universal screening. Standardized electronic health record domestic safety screening questions, a resulting automated social work (SW) consult order, and staff training improved domestic safety screening and SW response rates in a PED. Additional training and quality improvement measures are ongoing.

19. Dynamic capture of student experiences of alcohol abuse and violence: An example from a randomized trial evaluating prevention strategies  
Kelsey S. Rutheford  
Incoming undergraduate students are recruited to participate in a randomized controlled trial to determine the relative efficacy of bystander training conditions. Micro-surveys were used and provide effective data capture for evaluating programming, providing rapid measures of “real time” violence and alcohol/substance abuse experiences. The novel use of short, dynamic surveys to measure behaviors in the context of opportunity improves data capture and helps...
inform prevention efforts to impact risk-taking behaviors linked to both violence and alcohol-using behaviors on college campuses.

**20. Establishing positive sexuality and reducing HIV risk: Women’s healing journey from intimate partner violence**
Meredith E. Bagwell-Gray, PhD, LMSW
This paper explores the sexual component of healing from IPV victimization. In this qualitative descriptive study, female survivors (N = 28) commonly used journey analogies to describe their healing: “[I’m] a million steps away from where I was... probably still have 22 million steps left.” Along this journey, women described patterns in their sexual health as they transitioned from victimization to surviving and from surviving to thriving.

Camille Burnett, PhD, MPA, APHN-BC, RN, BScN, DSW
The Domestic Violence Enhanced Home Visitation Intervention (DOVE) (RCT: R01 NR009093) tested the effectiveness of a structured home visitation intervention to reduce and prevent maternal exposure to IPV and improve pregnancy outcomes. This impact evaluation of DOVE recruited home visitors (HV) and managers (n=13) in rural/urban home visiting programs delivering DOVE across 3 U.S. states. Findings show participants endorse DOVE and its impacts on increased HV/IPV knowledge, capabilities, and comfort. Policy considerations and best practice recommendations are also identified.

**22. Evaluation of existing respondent-driven sampling recruitment protocols through field-testing with campus climate surveys**
Claire E. Kelling
Statisticians and social scientists recently popularized and developed respondent-driven sampling (RDS) to address public health challenges that requires understanding of hidden populations. “Seeds” are recruited and interviewed initially and are given unique coupons to distribute in the target population. This method provides prompt, cost-effective, and confidential means of recruiting epidemiologically important, community-oriented samples. Recently, RDS was shown to be an effective tool to study survivors of sexual violence. This could supplement the information and data gained by campus climate surveys.

**23. Holistic healing arts retreat**
Monica Martinez, MFTI
This poster presentation will share a developing retreat model incorporating a survivor-centric, relational and holistic approach to the treatment of trauma resulting from DV/SA/CA, currently being evaluated by Georgetown University as an evidenced informed treatment strategy. This 4-day retreat model includes experiential workshops and holistic offerings within the setting of community, which focus on resiliency and self-agency.

**24. Holistic healing arts retreat: A wellness model for trauma survivors**
Mary Ann Dutton, PhD
The objective of this research project was to examine the effectiveness of the Holistic Healing Arts Retreat for improving trauma-related outcomes associated with interpersonal violence. The focus of mainstream mental health trauma interventions is typically on clinical symptoms, rather than more broadly on resilience. This community-engaged research represents a partnership between Joyful Heart Foundation, community partners, and academic research. This rigorously designed, randomized clinical trial compared the 4-day Holistic Healing Arts Retreat (n=49) to a wait-list control (n=60).
25. Improving fracture care with women: Using implementation science to build IPV screening and referral capacity in a fracture clinic
Mari Vella, MSW
Research demonstrates that effective screening for intimate partner violence (IPV) within the health care system can help women seek appropriate resources to leave or mitigate violent situations. Implementation science offers a number of proven strategies to overcome barriers to implementation so that individuals and communities receive the full benefits of evidence-based programs such as routine IPV screening. We will present several implementation tools adapted to support implementation of IPV screening and referral in healthcare settings.

26. Improving the healthcare delivery system: The use of a brief motivational intervention to engage women into care
Nicole Trabold, PhD, LMSW
IPV screening is effective in identifying victims in a health care context, however, there is little evidence that providing referrals after screening leads to engagement in IPV specific care. Victims often feel shame and guilt, which in turn normalizes perpetrator behaviors and pathological relationship dynamics decreasing women’s readiness to engage in care and may not be ready to leave the relationship. The purpose of this poster is to discuss the adaptation of a brief motivational intervention to improve the continuum of care for intimate partner violence victims.

27. IPV screening pilot with HIV positive veterans
Kristi Ketchum, LCSW
Men and women who have experienced IPV are at higher risk for HIV and other sexually transmitted infections. Healthcare institutions are appropriate venues to identify patients experiencing IPV and provide education, support, and resources. Screening can increase IPV detection and connection to the healthcare system which in turn can lead to improved health outcomes. This poster will describe the IPV screening and response process with HIV positive veterans receiving care in an HIV clinical setting.

28. Implementing an IPV screening and response pilot program in a health care setting: Challenges, opportunities, and lessons learned
Kristi Ketchum, LCSW
The VA Portland Healthcare System implemented routine IPV screening with women veterans in 2015 using a two-part protocol, the Extended-HITS (Hurt, Insult, Threaten, Scream) and an abbreviated Danger Assessment. Data analysis showed the screening effectively identifying veterans experiencing IPV, but follow-up for veterans who screened positive was inadequate. This led to a revision of the screening protocol that would better meet the needs of women veterans.

29. Looking for mechanisms: A realist examination of why, for whom, and when batterer intervention programs lead to change
Alisa J. Velonis, MPH, PhD
Unlike traditional systematic reviews that are limited to determining whether programs “work,” this realist review of batterer intervention programs (BIPs) identifies evidence of the mechanisms that lead to program outcomes. Our goal was to answer “For whom do BIPs work, under what conditions, and why?”

30. Making the grade: Scoring colleges on sexual violence prevention to predict clinical service utilization and awareness among students
Nadia Lehtihet
This session looks at the correlation between the strength of a university’s sexual violence prevention programming and clinical services and student likelihood to know of and use these services.

31. Shared safety: Philadelphia’s response to relational violence
Elise Scioscia, MA
Shared Safety: Philadelphia’s Response to Relational Violence is a citywide collective impact effort to coordinate and enhance Philadelphia’s response to domestic violence. Created through a formal strategic planning process with city agencies, domestic violence providers and other human service organizations, Shared Safety is in the beginning stages of implementation. This session will demonstrate the critical components of collective impact work, identify areas for improved service delivery, and highlight new innovations and future work.
32. **Training on self-administered acupressure for symptom management**
   Agnes Tiwari, PhD, RN, FAAN
   Shuk Ting Denise Cheung, PhD, MPhil, BNurs
   This training workshop teaches an acupressure protocol that can be used for self-care. Acupressure is the application of pressure on the region of acupoints based on the meridian theory of traditional Chinese Medicine. It is believed that acupressure can stimulate the meridians resulting in balancing of energy, thus restoring health. Through hands-on practice, participants can acquire the skills and thus can teach family caregivers for relief of a wide range of symptoms, including stress, insomnia and fatigue.

33. **Trauma informed care approach to intimate partner violence**
   Catherine A. Gutfreund, MD
   By incorporating trauma informed care in patient interactions we can increase the likelihood of IPV disclosure, and patient outcomes. This poster demonstrates that educating clinicians using a trauma informed care approach while rooming patients alone and completing a screening questionnaire during primary care visit is effective for increasing the identification of intimate partner violence.

34. **Validation of adaptations to the Abuse Assessment Screen (AAS) for use among pregnant women seeking prenatal services through a local health department**
   Joanna Hemmat, MSN, MPH, RN
   This poster displays an adaptation of the Abuse Assessment Screen (AAS) for use among pregnant women seeking prenatal services through a local health department. The adapted AAS screens for multiple forms of abuse, including domestic violence, dating violence, stalking, financial control, human trafficking, reproductive coercion, and strangulation. Clients benefit through timely intervention, support, and appropriate referrals to resources and treatment as needed. This adapted AAS can inform recommendations for future public health practice as well as additional opportunities for research.

### Children

35. **A new multi-disciplinary center seeks to reduce the impact of family violence on children in Connecticut**
   Nina S. Livingston, MD
   Children exposed to family violence often face life-long negative consequences, including physical and psychological impairments that compromise healthy child development. Best practices are not consistently implemented by systems serving these children, and there is a need to strengthen the evidence-base for child-focused preventive and treatment interventions. This poster highlights the formation of the Children’s Center on Family Violence in Connecticut’s early activities.

36. **A strategy to increase children’s safety during incidents of domestic violence: A knowledge translation project**
   Judee E. Onyskiw, RN, PhD
   Children are present in almost one half of all domestic violence incidents substantiated by the police. Research has shown that young children are disproportionately exposed to the most unstable and dangerous situations including weapon use, mutual assault, and substance abuse. The purpose of this presentation is to describe the outcome of a knowledge translation project to develop information for children exposed to domestic violence to increase their safety during a violent incident at home.

37. **Adverse childhood experiences and life opportunities: Shifting the narrative**
   Marilyn Metzler, RN, MPH
   Early adversity, including child abuse and neglect, is associated with diminished health across the life-course. Less well understood is the relationship between early adversity and adult socioeconomic status, which independently correlates with increased risk for multiple forms of violence. This study was informed by social epidemiological theories around the social construction of health that seek not only to document health outcomes, but to also examine the social and economic contexts that may contribute to the differential distribution of poor health.

38. **Associations of intimate partner violence with postnatal health practices in Bihar, India**
   Sabrina C. Boyce, MPH
Reduction of IPV and neonatal mortality are both global priorities, thus understanding how IPV may compromise postnatal health (PNH) practices in India may be crucial to addressing neonatal mortality. Results will be shared from a representative study of mothers of neonates in Bihar, India (N=10,469) which assessed the relationship between physical and sexual IPV and poor PNH practices. Such results affirm efforts in Indian health care settings to address IPV and support PNH practices, especially for women experiencing IPV.

39. **How does adult intimate partner violence affect children’s access to mental health care?**

Amy Chanmugam, PhD, LCSW

This study examined access to mental health (MH) services for children exposed to intimate partner violence (IPV). Research questions included: Which individual and environmental factors help or hinder efforts of mothers in DV shelters to address their children’s MH needs? What types of help have mothers considered, sought, and received for children’s MH needs?

40. **Talking about trauma: Media narratives about adverse childhood experiences and why they matter**

Pamela Mejia, MS, MPH

We analyzed national news and selected Twitter hashtags to assess how traditional and new media characterize adverse childhood experiences (ACEs), and the opportunities and limitations of that discourse for the work of practitioners and prevention advocates. Join us for a discussion of key findings, including questions like: How do advocates and practitioners from domestic violence prevention and other fields appear in news coverage? What solutions appear? How does race appear in the public discourse about trauma and resilience?

41. **The co-occurrence of domestic violence and child abuse**

Maliha Janjua, MSW, LSW, DVS

This poster will provide a comprehensive definition of domestic violence and discuss how abusers utilize coercive control in various aspects of the survivors’ lives, including restricting liberties and isolating the survivor from their informal and formal supports.
42 campus climate surveys launched in spring 2016 will be provided as well as a description about how data is being used on Ohio campuses to inform prevention and response to gender based violence.

46. **De Casa en Casa/from House to House: A home visitation program to reach immigrant Latina women in their homes providing early intervention, critical peer support, and linkages to local resources**

Miriam Wong

The cornerstone of The Latina Center is Mujer, Salud y Liderazgo (Women, Health, and Leadership), a leadership program building the self-esteem, confidence, and skills of natural community leaders. De Casa en Casa (House to House) is a culturally-tailored home visitation program training community leaders to share information, resources, and peer support with isolated Latinas. During 2014-2016, De Casa en Casa reached 346 monolingual and low-income Latina women and referred 288 women into support groups and programs at The Latina Center.

47. **Doing business differently: Community driven approaches to reducing disparities in mental health services**

Marina Castillo-Augusto, MS

The California Reducing Disparities Project, including its bottom-up approach to community driven action in reducing mental health disparities, is a program of the California Department of Public Health and brings health solutions to the community-based organizations who can make those changes.

48. **Engaging men to prevent domestic violence: Lessons learned from Rhode Island’s statewide Ten Men Project**

Lucy Rios

This poster presentation will share the theoretical underpinnings and practical components of Rhode Island’s Ten Men Project and lessons we have learned through planning, implementation, and evaluation. Participants will be able to describe our theory of change, essential components of the Ten Men Project, and successes and challenges so they might conduct similar work in their respective settings.

49. **Expanding school-based sexual violence prevention programs through rape crisis centers**

Leah Hellerstein

This poster presentation systematically reviews current literature on sexual violence prevention programming in schools and to recommend evidence-based strategies to rape crisis centers.

50. **Implementation of healthy relationship groups for veterans living with HIV to reduce experience of intimate partner violence (IPV)**

Freda K. Johnson, LCSW, C-SWHC

In 2016, OVAMC was selected as recipient of an Intimate Partner Violence (IPV) grant to increase screening in HIV clinical care setting. This poster will present an Innovative Treatment Program implemented at the Orlando VA Medical Center (OVAMC) aimed at providing Veterans served within the HIV Clinical Setting with a conceptual framework on Healthy Relationships to decrease Intimate Partner Violence.

51. **Integrating intimate partner violence messaging and curriculum in a local health department**

Jane Capili, RN, BSN, PHN

The Santa Clara County Public Health Department has over twenty maternal, child, and adolescent health related programs. The department initiated an integration process to establish a unified and integrated approach to improving the health of clients, and eliminating health disparities within these populations. One strategy that surfaced was to develop messaging around healthy relationships and integrate them into programs with adolescents and with women of childbearing age and their partners.

52. **Intimate partner violence and the hair salon: Determining prevalence and building the evidence base for much-needed community interventions**

Susie DiVietro, PhD

Many victims of IPV do not seek help from police or health care providers, therefore alternative community based interventions are needed to connect victims to available resources. Hair stylists often develop strong relationships with their clients; the salon has been utilized as a site for other public health interventions. The CUT IT OUT program provides IPV training for hair stylists. Stylists who receive IPV training are more confident in their ability to respond to clients who disclose violence.
53. Moving to the outer layers of the social ecological model: Primary prevention of intimate partner violence and one community’s evolution of their “Youth Empowerment Zone.” Moving from individual-level to a community-level primary prevention strategy
Sarah DeCosta, BA
Transitioning from individual level education efforts to community level primary prevention strategies can be challenging. This poster offers a concrete example of that process in a diverse, low-income, school based setting. The primary facilitators of success and steps taken to develop the Youth Empowerment Zone will be highlighted, giving participants useful tips for engaging in broader community strategies. The Youth Empowerment Zone is funded through CDC’s DELTA FOCUS project.

54. New Orleans Blueprint for Safety Pilot Firearm Divestiture Program
Amy E. Jackson, MPH, LCSW
This poster will provide background on the New Orleans Health Department’s (NOHD) efforts to implement the New Orleans Blueprint for Safety Pilot Firearm Divestiture Program. Attendees will gain an understanding of the dangerous intersection of guns and domestic violence and recognize it as a public health crisis. Our presentation will also describe promising practices for gun divestiture and how our pilot program could be formatted to meet your community’s needs.

55. Parent-based healthy adolescent relationships education program: An evidence-based practice initiative
Natalie Hart, MS, RN, PMHNP-BC
This presentation provides a descriptive examination of implementation of a parent-based healthy adolescent relationships education program. The significance of evidence-based healthy relationships education is discussed, based upon the impact on community health. Participants will learn evidence-based methods for improved parent knowledge, awareness, and commitment to promoting a culture of healthy relationships.

56. RENEW Bhutan is the world’s model for response to and prevention of interpersonal violence and is a public health community-based countrywide program of volunteer corps, school-based youth advocacy corps, social-emotional training, and a comprehensive long-term shelter center of legal, medical, educational, counseling, and vocational services
Pepper Black
RENEW Bhutan addresses the need for a cultural shift away from violence in society by addressing both: a. effective response to interpersonal violence, and b. the need for consistent, pervasive preventative educational outreach. This approach presents interpersonal violence as a public health issue best embraced by sustainable, strenuous efforts in maintaining a progressive understanding of healthier choices. This model therefore offers education on alternative ways of relating around conflict in place of interpersonal violence.

57. Shifting the lens: New messaging and frames in adolescent dating abuse prevention
Micah Zimmermaker
Work pertaining to adolescent dating abuse is rarely highlighted as an area that schools need to address in their prevention efforts. This workshop will focus on creating sustainable prevention models by establishing and focusing consistent messaging around adolescent dating abuse into the work taking place amongst prevention advocates, schools, and other providers.
58. **Shifting toward community approaches: Preliminary lessons learned and evaluation findings of a state-level community mobilization initiative to prevent teen dating violence, domestic violence, and sexual violence**

Enrica Bertoldo, MA

The purpose of this poster presentation is to share preliminary lessons learned and evaluation findings from the California Department of Public Health (CDPH)-sponsored community mobilization projects to prevent teen dating violence, domestic violence, and sexual violence (TDV/DV/SV).

59. **Survival in the workplace: The challenge, victims, and co-workers**

Sadia L. Gonzalez-Santana, BBA, MBA, MA, Psy. D

The workplace can be a turbulent environment for the victims of domestic violence and their co-workers. Each is expected to meet outstanding performance and productivity level guidelines set by the firm. In the real dynamics of the business world, the tolerance for health related issues that can negatively impact the day-to-day operational and organizational enterprise’s infrastructure are less than desired. It is essential that personnel is prepared to react and respond to a domestic violence related incident in the workplace.

60. **Teen dating violence primary prevention: Activities, results, community, and schools**

Shanti Kulkarni, PhD
Alex Pyun, MSW

Successful teen dating violence awareness programs require a community wide approach that connects diverse partners. In Charlotte NC, a unique academic-community partnership has evolved over the past decade to promote best practices, engage youth, and leverage resources towards violence prevention. Current programs are focused on increasing bystander skills, changing social norms, conducting community based participatory research, and coordinating prevention efforts across organizations.

61. **The Centers for Disease Control and Prevention’s technical packages to prevent sexual and intimate partner violence**

Jenny Dills, MPH

Presenters will describe the strategies and approaches included in the recently released Sexual Violence and Intimate Partner Violence Technical Packages from the Division of Violence Prevention. They will then work with participants to describe the shared risk and protective factors and common prevention strategies between the two forms of violence. Participants will then use the technical packages to select best practice strategies and approaches to implement in their practice settings to prevent sexual and intimate partner violence.

62. **The Safing Center: Prevention & treatment of situational partner violence with veterans**

Christopher C. Mackowiak, PhD

By using the contextual framework to conceptualize IPV, we differentiate intimate terrorism from situational partner violence (Johnson, 2008) to destigmatize disclosure of relationship conflict and aggression. We collaborate closely with Veterans Justice Outreach who advocates for treatment in lieu of traditional batterer intervention program, inpatient and outpatient clinics who provide treatment for substance use disorders and PTSD, primary care screening providers, and peer support specialists.

63. **Using community asset mapping to support recruitment and retention for a community-based sexual violence prevention program**

Nayck Feliz, MA

Global health organizations pinpoint engaging men and boys in preventing violence against women as a potentially impactful public health strategy. “Manhood 2.0” is a prevention program for high school age young men, which combines healthy sexuality skills, gender norms change, and bystander skills to interrupt peers’ disrespectful and harmful behaviors to reduce sexual violence and relationship abuse perpetration among adolescent males. This program is a stakeholder engaged intervention implemented in community-based settings such as the YMCA, Urban League, youth serving agencies, and churches.
Educating and Engaging Providers

64. “Out of homicide has come some really amazing work”: Rural domestic violence advocates’ experiences of intimate partner homicide
Millan A. AbiNader, MSSW
This poster will report findings from a qualitative study that examined rural domestic violence advocates’ experiences of the intimate partner homicide of a client. The audience will read about both the traumatic impacts and opportunities for resiliency that the advocates expressed. This poster will also explore if and how exposure to homicide differs from the daily exposure to violence that advocates witness. Recommendations for organizational responses based on the findings will be explored.

65. 360 degree involvement: Addressing domestic and sexual violence across academic health centers
Joslyn Fisher, MD, MPH, FACP
The authors of this abstract will describe diverse strategies to enhance awareness of and foster engagement in addressing domestic and sexual violence across academic health centers. After a brief background description of current practices, the authors will describe their own institutional innovations as well as potential other institutions’ strengths and opportunities. The poster will describe strategies to overcome potential obstacles to implementation of domestic and sexual violence programs at academic health centers.

66. Empowering providers, improving systems
Jillian Gilchrest, MSW
This poster presentation will educate viewers about the apprehension that healthcare providers face in conducting a screen for intimate partner violence (IPV). Through lessons learned, viewers will be given tools to effectively engage healthcare providers and help them to gain confidence and be comfortable with conducting a screen, assessment, and referral for IPV. Finally, viewers will learn about the importance of both engaging providers and systems, and be taught ways to outreach to healthcare systems to effect practice wide policy change.

67. How do we better equip clinicians to screen and respond to intimate partner violence among culturally diverse populations?
Katrina J Debnam, PhD, MPH
This poster will include three presentations of research conducted to better equip clinicians to screen and respond to intimate partner violence among culturally diverse populations.

68. Integrating intimate partner violence training and community screening into the medical student experience
Catherine Zaw, BS, BA
Our poster describes the intimate partner violence (IPV) training and community screening at the University of Miami Miller School of Medicine (UMMSM) through the Students Against Domestic Violence (STAND), a medical-student organization. We outline our curriculum, share our findings on medical students’ attitudes about IPV screening, and summarize the lessons learned.

69. Just listen to me: Client centered abortion referral in practice
Tisha Gay Reed, MA
Provide, Inc. has developed a supportive curriculum and technical assistance program that honors both client and counselor autonomy when making abortion referrals in a variety of social service and medical settings. The session facilitator will share the organization’s experience, an overview of the curriculum, and share an example of continued technical assistance that supports the professional as well as the client when making referrals for abortion care.

70. Knowledge and awareness of intimate partner violence among pharmacists and pharmacy students: An opportunity for education
Marie Barnard, PhD
An exploration of pharmacists’ and pharmacy students’ knowledge and attitudes related to intimate partner violence.

71. Looking beneath the surface: Using interactive learning strategies to educate medical professionals in the identification of victims of human trafficking
Mary Elizabeth Sutherland, BS Elementary Education
This presentation will express the value of educating medical professionals about the background and indicators of human trafficking. It will describe simulation learning strategies used for teaching healthcare providers to recognize vulnerabilities that indicate patients are possible victims. It evaluates learner perspectives on the simulation’s contribution to learning experiences and clinical practice. Additionally, it explores future avenues for interactive learning.
72. M Health Community Network: A community-university project to improve the response to IPV in outpatient setting
Cari Jo Clark, ScD, MPH
The M Health Community Network seeks to improve health outcomes, decrease unnecessary health care utilization, and enhance provider awareness via implementation of a novel organizational intervention for intimate partner violence (IPV) identification and response in the health sector utilizing a formalized response with community partners. It seeks to address gaps in the existing literature regarding best practices for IPV identification and response, associations with physical and mental health outcomes, and populations and settings beyond reproductive-aged women seen in primary care.

73. Partners in promoting wellness: Building a medical advocacy program
Fern Gilkerson, MA
Medical advocacy programming is a gold standard for connecting domestic violence and health care services, yet many domestic violence programs do not have a built in medical advocacy program, or have one in the beginning stages or one in need of a boost. Viewers will be able to use a PCADV toolkit for starting or enhancing a medical advocacy program; understand the three-step process for setting up a medical advocacy program.

74. Putting it all together: The 360 degree lens for education, research, and policy
Harise C. Stein, MD
This poster presentation details a GBV listserv that highlights promising practices and the latest research. Enabling the siloed stakeholders in the care of individuals affected by abuse and violence to learn about important facets of each other’s work, research, and policy.

75. Readiness to identify and respond to intimate partner violence in a multi-specialty outpatient setting: An examination across provider types
Lynette M. Renner, PhD, MSW
Health care providers who screen for intimate partner violence (IPV) and counsel patients can reduce subsequent victimization and positively impact a patient’s health. However, a lack of knowledge about IPV and a low comfort level with addressing disclosures of victimization can hamper screening efforts. The purpose of this study was to obtain information on IPV-related preparation, knowledge, and practices from physicians, nursing staff, and social/behavioral health providers in an outpatient, multi-specialty setting for the purpose of enhancing training efforts.

76. SafeMD: Establishing a sexual assault awareness and education curriculum for medical students
Petrina LaFaire, MS
Students at the University of Michigan Medical School established SafeMD to provide peer-led co-curricular education on sexual assault awareness and prevention. Discussed are the main initiatives SafeMD carries out, notably the first year orientation and allyhood training. This work acts as a framework for other medical schools to adopt similar peer-led groups. With further development of this intervention, future physicians will be able to better support both those in the medical community and patients who have survived sexual assault.

77. Safety is good health: Collaboration between a domestic violence advocacy agency and a hospital-based clinic in a culturally diverse community
Nanci Kreidman, MA
Specialized services to survivors in health care settings create an important opportunity and alternative to criminal justice system options. Domestic Violence Action Center and Queens Medical Center are partners in bringing safety to island families at the Queen Emma Clinic.

78. Screening for domestic violence in a primary care setting
Kelsey A. Bywater, DNP
The purpose of my project is to improve rates of IPV screening and referral among primary care clinicians as a means to improve health of women affected by IPV. The goal of screening is to identify victims of IPV, offer appropriate support and intervention that will prevent further abuse, and reduce consequent physical, emotional, and social problems.

79. The New Jersey Health Cares About Domestic and Sexual Violence Collaborative: The safe initiative in New Jersey
Linda Locke, CNM, MPH, LSW, FACNM
Although the impact of domestic and sexual violence on health and health outcomes has been well established, many healthcare providers may not be aware of this relationship, or may feel that their knowledge, skills and/or confidence to
address these issues is inadequate. This poster showcases a state-wide collaborative effort to address recognition, awareness and screening for domestic and sexual violence in health care settings.

80. **Trauma informed care needs assessment of internal medicine residents**

   Jenny Xin Wen, BA

   Trauma exposure is strongly associated with adverse health outcomes. We conducted an online survey of 168 residents in four Baltimore internal medicine programs to assess knowledge, attitudes, preparedness, and behaviors related to patients with trauma histories. Knowledge about trauma was very limited: 31.7% felt inadequately prepared to respond to disclosures, 68.3% “seldom” or “never” asked about trauma in the past 6 months, 91.8% desired additional training in trauma informed care. Findings will inform design of online and in person training.

81. **Adolescent relationship abuse perpetration and the association with sexual risk behaviors**

   Kelley A. Jones, PhD, MPH

   Dating abuse is a significant public health problem among adolescents and is associated with poor health, including sexual and reproductive health outcomes, such as unintended pregnancy and STIs. Understanding the sexual risk behaviors of adolescent relationship abuse perpetrators is crucial to reducing risk and promoting health among youth exposed to such violence. This study assessed the prevalence of adolescent relationship abuse and its association with sexual risk behaviors in a sample of teenaged male youth from socially disadvantaged neighborhoods.

82. **Adverse childhood experiences in addiction medicine patients receiving buprenorphine therapy**

   Martina Jelley, MD, MSPH

   Adults with a significant history of adverse childhood experiences (ACEs) are more likely than their non-ACE-affected counterparts to experience poor health outcomes. Data from the original CDC/Kaiser Permanente study found that individuals with 4 or more ACEs have a 7- to 10-fold increased risk for drug abuse and addiction. This poster assesses the incidence of ACEs in patients in medication assisted addiction treatment.

83. **Assessing the relationship between intimate partner violence, externally-decided pregnancy, and unintended pregnancies among wives residing in slum communities in Mumbai, India**

   Anindita Dasgupta, PhD, MPH

   The poster illustrates the relationships between IPV, externally decided pregnancy, and unintended pregnancies among vulnerable women in Mumbai, India.

84. **Exploring the link between violence and health for men: Findings from a Canadian pilot study**

   Kelly A. Scott-Storey, RN, MN, PhD

   Men experience and commit violence, yet understanding of the intersection of gender with health and lifetime violence among men is limited. Findings from a pilot study of 53 Canadian men will be presented and next steps of inquiry outlined.

85. **Gender sensitive care for women with mental illness who have experienced sexual violence**

   Carol M. O’Dwyer, BA, MSc, MA

   Women are often disempowered and revictimized in psychiatric inpatient units, especially in mixed-gender wards. Gender sensitive care considers the impact of adverse life experiences in the context of gender, social, cultural, familial and economic circumstances of the person receiving, as well as the person providing a diagnosis of mental illness. The Gender Sensitivity and Safety (GSS) Guideline was developed for mental health, and alcohol and other drug services to improve the safety and provide practical directions grounded in gender sensitive care and trauma informed care to practitioners and organizations.

86. **Intimate partner violence and early motherhood: Predictors of a poor motherhood experience and implications for health care practice**

   Leesa Hooker, MHSc, PhD

   This poster presentation examines the relationship between intimate partner violence (IPV) and other factors associated with the experience of early motherhood.

87. **Living with a violent drinker: A qualitative study of the journey of women’s relationships involving alcohol-related intimate partner violence**

   Ingrid M. Wilson, BA(Hons), PgDL

   Women who are in relationships with violent drinkers are often disempowered and revictimized. This poster showcases a state-wide collaborative effort to address recognition, awareness and screening for domestic and sexual violence in health care settings.
This study explores the complexity of women’s experience of domestic and sexual violence from an alcohol-affected intimate partner, women’s safety strategies, and the evolution of relationships affected by co-occurring partner drinking and intimate partner violence (IPV).

88. **Occupational substance use, violence, and related HIV risk: A qualitative assessment among female sex workers in Tijuana, Mexico**
   
   Marissa Salazar, MA
   
   Occupational substance use (i.e., use of drugs/alcohol while working) is associated with increased client violence, inconsistent condom use, and HIV. However, less is known regarding the particular factors that promote occupational substance use and the pathways by which such use heightens violence and HIV risk. This study seeks to understand the specific scenarios that promote occupational substance use, and how such use increases risk for client violence and HIV among female sex workers (FSW) in Tijuana.

89. **Partnering with paramedics: How collaborating with emergency medical service (EMS) providers can be a win for survivors of interpersonal violence**
   
   Irene D. Gallegos, MPH
   
   The overall purpose of this poster is to present an innovative partnership between local EMS mobile integrated healthcare and interpersonal violence (IPV) organizations to reduce use of emergency health services and increase use of preventative health services by clients. The goal of the Technology Enhanced Screening and Supportive Assistance (TESSA) project is to increase immediate safety and promote long-term health among individuals who have experienced IPV, particularly high-risk individuals who are homeless, living in poverty, and/or undocumented.

90. **Pathways toward ending intimate partner violence in the lives of HIV-positive women: How stigma and attachment inform understanding and intervention**
   
   Katy B. Davis, PhD
   
   This poster will describe the findings and analysis of a mixed-methods study on WLHIV who experience IPV. Specifically, the roles of stigma and attachment insecurity will be defined, and the potential for HIV providers to help decrease stigma and enhance attachment security for WLHIV who experience attachment insecurity will be explained.

91. **Reproductive coercion among male and female college students**
   
   Corrine M. Williams, ScD
   
   The purpose of this study was to examine the relationship between reproductive coercion, other forms of violence, and pregnancy among college students at two state-funded universities in the United States. Reproductive coercion (RC) has been defined as a male partner pressuring their significant other to become pregnant, by forced sex or destroying contraception.

92. **Reproductive coercion and mental health among young socioeconomically disadvantaged Black women in community-based settings**
   
   Kamila A. Alexander, PhD, MPH, RN
   
   This study examines mental health implications of experiencing reproductive coercion (RC) among socioeconomically disadvantaged Black adolescents and young adult women by testing: a) RC as a cross-sectional predictor of post-traumatic stress disorder (PTSD) and depression symptoms and b) the interaction of exposure to reproductive coercion and intimate partner violence (IPV) on PTSD and depression symptoms.

93. **Reproductive coercion in Uttar Pradesh, India: Prevalence and associations with women’s poor reproductive health**
   
   Jay G. Silverman, PhD
   
   This study assesses the prevalence of reproductive coercion (RC) among a large, population-based sample of women in Uttar Pradesh, India, and associations of IPV and RC with contraceptive use and unintended pregnancy in this high-need population.

94. **The syndemic effect of substance use, intimate partner violence, and HIV on depression and suicidal thoughts among a sample of drug-involved women in Kazakhstan**
   
   Tina Jiwatram-Negron, PhD
   
   Accumulating evidence suggests that the effect of co-occurring substance use, violence, and HIV, dubbed the “SAVA syndemic,” on health outcomes such as depression and mortality are more deleterious than any one of these individual conditions alone. In this presentation, we examine the relationship between the SAVA syndemic and mental health (depression and suicidal ideation) among a sample of high-risk women in Kazakhstan, and identify risk and
95. The trauma-informed primary care initiative
Maria Gutierrez, BS, MPA

There is a strong correlation between childhood trauma and adult onset of chronic disease. The Trauma-Informed Primary Care Initiative at Kaiser Permanente aimed to screen and provide an intervention program to its members with a high ACE score living with chronic diabetes. The purpose of the poster presentation is to promote program integration by addressing childhood trauma and chronic conditions such as diabetes.

96. Writing and healing for survivors of intimate partner violence
Neha Verma, BSPH
An eight-week writing and healing support group was developed at the Compass Center for Women and Families, a Chapel Hill organization that provides a wide range of services to survivors of intimate partner violence.

97. How do work/academic environments support or detract from healing from sexual assault?
Pamela Wadsworth, PhD, RN

This study describes the ways in which work and academic environments affected mental and physical healing after adult sexual assault and discusses potential interventions to support the health and work/academic success of sexual assault victims/survivors.

98. Is breast always best? Breastfeeding initiatives and survivors of IPV
Melinda Manning, JD, MSW

Hospital initiatives, such as “Baby Friendly,” aim to encourage all mothers to exclusively breastfeed their infants. Yet some survivors of past or current IPV may have additional, often “invisible” barriers to breastfeeding. This poster identifies some of the challenges that survivors may have with breastfeeding. Suggestions will be given on ways to develop policies and procedures to better accommodate the unique needs of postpartum survivors.

99. Screening for intimate partner violence among patients in an integrated health care setting: A systematic review related to barriers and facilitators of screening implementation
Brieanne Beaujolais, MA

Although women experiencing IPV seldom seek support from social service agencies, they tend to access health care services at some point in their life. Integrated health care settings, which promote the integration of mental and physical healthcare, enhance quality of care for patients and contribute to improved health outcomes and patient experiences. Integrated settings, therefore, are well positioned to screen patients for IPV. This systematic review examines the barriers and facilitators to IPV screening in integrated care settings.

100. Updating New Zealand violence intervention program system indicators: A Delphi study
Jane Koziol-McLain, RN, PhD

A health system approach is advocated for an effective response to family violence, although internationally, monitoring data is rare. The goal of the current study is to update our standardized tools aligned to current national and international guidelines and experience. Poster viewers will be able to articulate challenges in monitoring health system infrastructure over time.

101. A human rights-focused HIV intervention for sex trade-involved and trafficked individuals in the Philippines
This study evaluated a brief human rights-focused pilot HIV intervention for sex workers in Metro Manila, Philippines, a country with one of the fastest rising cases of HIV worldwide.

102. California emergency medical service agencies lack protocols for reporting DV despite paramedics and EMTs’ perceived mandated reporting requirements
Hillary Larkin, PA

This poster presentation will address the challenges facing EMS agencies and their domestic violence reporting practices.
107. Evaluation in action: Mobilizing institutions of higher education to address sexual violence
Allison Tombros Korman, MHS
The purpose of this poster is to challenge attendees to think critically about evidence-based decision making in the field of campus sexual violence, by demonstrating how Culture of Respect uses program evaluation to learn from and improve its programming.

108. Evaluation of a domestic violence training for medical assistants at a federally qualified health center
Mandeep K. Chahal, BS
Domestic violence (DV) is a common problem and is associated with many adverse health outcomes. DV impacts people regardless of age, socioeconomic status, sexual orientation, gender, race, religion, or nationality. Healthcare clinics and providers are an important point of intervention for this problem, and screening is an important first step in connecting patients to resources. This project analyzes the impact of a novel training protocol for medical assistants at a federally qualified health center.

109. Forced vaginal and anal sexual initiation: Context on experiences among Black women and perpetrator characteristics
Kristin K. Gundersen, MSW
In the United States, 6.7% of women who report ever having sex report their first sexual experience was forced or against their will. This study recruited adult Black women from STD/health clinics to participate in The ESSENCE Project, a retrospective cohort study examining sexual experiences. The researchers will provide the proportion of Black women reporting forced vaginal and anal sexual initiation and describe the context and perpetrator characteristics of these forced sexual incidents.

110. Help for victims of violence collaboration: Providing improved resources for victims of violence
Lenore R. Jarvis, MD, MEd
Children, family members, and staff can be negatively affected by abuse or by witnessing violence. In our pediatric emergency department, few anonymous resources were available to persons who may be abused or witness violence. Resource cards were created to provide an anonymous resource for patients, visitors, and staff and during 22 months, over 7,300 resource cards have been taken. Per request, ~7,500 additional cards have been distributed to other
Participants articulated a nuanced description of DV as having immediate, long-term, and situation-specific effects on children. Their understanding aligns with current empirical and theoretical literature; however, they developed their knowledge primarily through personal experience. We discuss implications for prevention and intervention efforts, including the need to address low-income fathers’ own traumatic experiences.

115. Learning from the field about human trafficking services in the context of domestic and sexual violence organizations: A national survey
Rebecca Rodriguez, PhD
The purpose of this poster is to present findings from a study investigating the direct services of domestic violence and sexual violence (DV/SV) organizations who also serve human trafficking (HT) survivors in order to understand how these services intersect and the unique needs of HT survivors served in the DV/SV context.

116. Male perpetrators of intimate partner violence and the batterer intervention program experience: A content analysis of reflections written by program completers
Penelope Morrison, PhD, MPH
This poster presents a content analysis of “letters of understanding” among male perpetrators of intimate partner violence upon completion of a batterer intervention program. It explores their thoughts and perceptions on the program and what they learned in the process.

117. Use of social services by men referred to a batterer intervention program
Penelope Morrison, PhD, MPH
This poster examines the use of social services among men convicted of an IPV crime in order to identify missed opportunities and facilitators for a coordinated community response to perpetration behaviors.

118. The influence of batterer intervention programs on male perpetrators of intimate partner violence: Reports of change in beliefs and behaviors
Penelope Morrison, PhD, MPH
This poster seeks to understand male batterer intervention program (BIP) clients’ perspectives on what changes they have made as a result of their BIP participation.
119. Mothering within the context of intimate partner violence: A qualitative study
Alison Fogarty, BA(Honours), PhD candidate
This study utilized qualitative methods to gain unique insight into the experience and challenges of mothering within the context of experiencing IPV. Specifically, how mothers and their children stayed resilient during this time. Ten mothers from Melbourne, Australia who had experienced IPV since giving birth to their first child participated in semi-structured interviews. The transcriptions of these interviews were analyzed using interpretative phonological analysis.

120. Polyvictimization among women in sex work: Violence from multiple perpetrators is common and synergistically affects HIV risk behavior
Sarah M. Peitzmeier, MSPH
While about one-third of women globally experience intimate partner violence (IPV), female sex workers (FSW) are additionally vulnerable to violence from clients, police, and pimps/managers. This polyvictimization is prevalent yet under-studied. This study analyzes polyvictimization (i.e., experiencing multiple forms of physical or sexual violence) prevalence, patterns, and association with HIV risk behavior among FSW.

121. Qualitative configurative analysis: Strengths and limitations for application of an innovative research methodology to IPV outcomes research
Jo Spangaro, B Soc Stud, (Hons), PhD
Qualitative Configurative Analysis (QCA) is an emerging research methodology designed to understand causal pathways. QCA is ideally suited to intermediate sample sizes, addressing the challenges posed by both quantitative and qualitative methods. QCA was applied by the authors to understanding 50 women’s decisions about disclosing IPV in response to pre-natal enquiry and their perceptions of impact of inquiry and health service response. This poster presents the origins, strengths, and limitations of this approach in IPV intervention research.

122. Recruitment and retention for myPlan study, a longitudinal online study with college women in abusive dating relationships and concerned friends
Karen Trister Grace, MSN, CNM
The myPlan study evaluates the effectiveness of an interactive, personalized online/mobile application intervention and website, by recruiting and retaining 300 college women who have experienced dating/partner violence and 300 male or female friends of college women who have experienced dating/partner violence. This poster will describe the partnerships and strategies used to safely recruit and retain college women and men over 12 months in an on-line study.

123. Rethinking study design for evaluating interventions for survivors of domestic violence
Nancy A Perrin, PhD
Collection of baseline data “contaminates” the control group when evaluating interventions for survivors of intimate partner violence (IPV). The goal of this poster presentation is to provide support for alternative designs by demonstrating the effectiveness randomization and identifying key covariates for future studies.

124. Sexual violence victimization experienced in youth and subsequent victimization
Sharon G. Smith, PhD
Sexual victimization as a minor is an important public health concern in the U.S. Early victimization is a risk factor for later victimization. Analyses were based on 2012 data from the National Intimate Partner and Sexual Violence Survey (NISVS). Findings indicate that a proportion of adult victims of rape (women) or made to penetrate (men) experienced these forms of violence during youth. Perpetrators were usually known to the victims. Efforts should begin early in life to prevent sexual violence.

125. Socio-emotional skills in college students with and without sexual violence experiences: Preliminary findings from the college health center study
Jocelyn Anderson, PhD, RN
The primary objective of this study is to examine differences in mental health (suicidality, self-harm, and depression) and socio-emotional skills (emotion dysregulation, distress tolerance, and interpersonal skills) in college students who have experienced sexual violence (SV), as compared to students without SV.

126. Talking with men about their perpetration of intimate partner violence: Qualitative findings from Rakai, Uganda
Erika Bonnevie, MA
This study examines men’s perspectives on the context in which intimate partner violence (IPV) occurs and examines
ways to involve men in the development of effective IPV prevention programs. Results showed that efforts to change men’s violent behaviors must address how men are socialized to use violence and how cultural definitions of manhood condone abuse. Findings can be used to design programs that intervene with boys, men, and adult male role models, to change norms that uphold and perpetuate IPV.

127. The Si, Yo Puedo curriculum/program for immigrant Latinas: Examining self-esteem and education on domestic violence and healthy relationships
Catherine L. Marrs Fuchsel, PhD, LICSW, LCSW
The SYP curriculum and program raises awareness, provides education on DV, and promotes self-esteem and healthy relationships within a cultural framework. The curriculum is a two-hour, topic-specific weekly empowerment program conducted entirely in Spanish that provides culturally competent resources to ILW in a group over 11 weeks. Si, Yo Puedo is Spanish for “Yes, I can.”

128. Using a community based participatory (CBPR) approach to understand intimate partner violence (IPV) and reproductive health needs among Arab American women
Angubeen G. Khan, BA
Studies show that women at risk for IPV experience limited reproductive autonomy and negative health outcomes, including unintended pregnancy and STIs. There is limited knowledge about reproductive health needs of Arab American women. Culture and religion are social determinants that influence attitudes regarding reproductive health and IPV in the Arab American community. Religious and cultural norms must be understood and integrated to develop culturally appropriate studies and interventions regarding IPV and reproductive autonomy for Arab American populations.

129. Violence across the lifespan: Narratives from female sex workers in Kathmandu, Nepal
Brieanne Beaujolais
To continue expanding upon the knowledge base in the area of sex work this study asks the question, what are female sex workers’ experiences of violence?

130. “I’d want to know more about why she hit her”: How perpetrator and victim gender and sexual orientation shape young people’s perceptions of intimate partner violence

Emily R. K. Robson, BSc, MSc
This poster reports findings from a novel vignette-based study with British young people examining how they make sense of whether certain behaviors constitute intimate partner violence (IPV) and explores how the gender and sexual orientations of (fictional) perpetrators and victims appear to shape young people’s reading of what constitutes IPV.

Social Determinants of Health

131. A comprehensive approach to address multiple forms of violence: The role of governmental public health in mobilizing a full range of societal resources to prevent interpersonal and community violence in California
Nancy Bagnato, MPH
There are many different programmatic areas where public health work addresses or is impacted by violence. CDPH implements programs that specifically address domestic violence, sexual violence, teen dating violence, and child abuse. These programs are funded through separate grant programs. By aligning internal efforts, CDPH will create a synergistic environment, effectively identifying and advancing prevention and intervention efforts to reduce violence across California.

132. Asian Indian immigrant women’s perceptions of domestic violence
Chelsea L. Pallatino, MPH
This particular poster will focus on a qualitative analysis of in-depth interviews with Asian Indian immigrant women regarding their definitions and experiences of and help-seeking behaviors related to domestic violence.

133. Differentials in the protective role of instrumental social support against IPV for Swazi women whose partners consume alcohol
Jennifer Wagman, PhD, MHS
Alcohol use by either partner in a relationship is associated with heightened IPV risk. In sub-Saharan Africa, microfinance interventions are a promising IPV reduction strategy, particularly those focused on bolstering social capital. However, little is known about how the effects of these interventions vary for women whose partners use alcohol. This study assessed differential associations between instrumental social support and intimate partner violence among women whose partners did and did not consume alcohol.
alcohol in Swaziland.

134. Environmental drinking contexts & intimate partner violence: A social-ecological approach
Carol B. Cunradi, MPH, PhD
This poster presentation describes an innovative research project that assesses the contribution of environmental drinking contexts to risk for intimate partner violence among an underserved population of men and women recruited from an urban public hospital’s emergency department.

135. Guiding a transdisciplinary approach toward ending domestic violence
Julie Bassett, MPH
The relationship between domestic violence and negative health outcomes is a topic thoroughly explored in research. As providers, clients, and patients may seek services before, during, and after domestic violence occurs. While health professionals and advocates receive training toward identifying, assessing, and treating people experiencing domestic violence, the prevention conversation is less common. Integrating public health with prevention principles, this abstract explores everyday violence prevention skills across disciplines.

136. Humanism in medicine: Working with survivors of interpersonal violence
Diya Kallivayalil, PhD
This poster describes the creation and implementation of a curriculum/workshop developed for medical practitioners and students aimed at helping them work with patients with histories of severe interpersonal violence with the goal of cultivating a culture of humanism, trauma-informed care, professionalism and ethics with this challenging population.

137. Lessons to be learnt: An Indigenous community standing up to non-responsive services leading to the tragic domestic violence killing of an indigenous woman
Kay Berryman, MPH
Indigenous communities are disproportionately faced with domestic violence deaths at higher rates than others living in their countries. In order to address the disparities in domestic violence related morbidity and mortality needs services to be responsive.

138. Psychological and social outcomes of females exposed to sexual victimization
Ingrid N. Atiles Tejeda, MS
The aim of the systematic literature review is to aid mental health providers and community stakeholders to understand the complexities associated with treating females exposed to sexual victimization, which can include domestic violence. For the purpose of this review the term sexual victimization was defined as any event in which a victim has experienced unwanted sexual activity, such as, but not limited, to rape, forced prostitution, unwanted touching, oral copulation, sexual harassment, and stalking.

139. Sexual violence and intimate partner violence in college women with a disability
Amy Bonomi, PhD, MPH
Despite valuable information from recent studies focused on the experiences of SV/IPV among college women with disability, little is known about 1) abuse types experienced across multiple abusive partners; 2) mechanisms that increase the vulnerability of college women with disabilities to victimization; and 3) consequent mental health, physical, behavioral, and academic outcomes. Through in-depth interviews, our study examined 1) patterns of sexual violence (SV) and intimate partner violence (IPV) in college women with a disability, including disability-specific abuse; and 2) corresponding health-related impacts.

140. The relationship among housing instability, race/ethnicity, depressive symptoms, and exposure to intimate partner violence among mothers
Patty Wilson, PhD, RN
Mothers who experience ongoing IPV with limited finances, unemployment, and housing instability (HI) may find themselves trapped in situations where they stay in abusive relationships or return to their abuser, increasing their exposure to IPV. The racial disparities in rates of IPV, depressive symptoms, and HI between Black women and White women is alarming. Findings from this study are the first to examine whether race/ethnicity influence the relationship between HI, depressive symptoms, and exposure to IPV.

141. The story of lost opportunities: New Zealand government policies and national strategies to reduce family violence 2000-2010
Janet L. Fanslow, BSc, PhD
This poster assesses government strategies to reduce family
violence, and documents the impact of these strategies on changes in youth exposure to family violence over time.

142. When healing hurts: Institutional betrayal in healthcare and increased risk factors for IPV survivors
Carly P. Smith, PhD
This poster presents a study of IPV survivors’ experiences in healthcare systems, focusing on the construct of institutional betrayal. IPV survivors are at increased risk of exposure to institutional betrayal in healthcare systems due to higher rates of healthcare utilization.

143. “I didn’t have another place to go”: Hospital use among female survivors of violence
Alita Rose Andrews, LPC-Intern, MA, MPH, NCC, CPH
This poster focuses on the trends of hospital and ER admissions among women who were receiving services from one of three intimate partner violence organizations in Tarrant County, Texas.

Special and Emerging Topics

144. #maybehedoesnthityou: Using twitter as a platform to subvert historically taboo discourse around intimate partner violence
Heather L. McCauley, ScD
While IPV is a pervasive societal problem, survivor experiences have been historically considered “taboo” in public discourse. However, social media now provides a platform for survivors to disclose their experiences and connect with others. In May 2016, survivors shared such messages on Twitter, a social media platform where users share brief messages (i.e. “tweets”), linked by hashtags (i.e. a phrase preceded by a “#” to identify messages on specific topics). The goal of the present study was to assess how survivors used Twitter to describe their abuse experiences and build an online community to support survivors of IPV.

145. Adolescent girls’ self-efficacy to avert child marriage or negotiate safety in marriage: Qualitative findings from India and Ethiopia
Anita Raj, PhD
This study qualitatively explores adolescent girls’ self-efficacy related to marital decision-making in rural India and Ethiopia, nations with high rates of girl child marriage. Findings document that girls in child marriage-affected areas do express self-efficacy to influence their marital choices, via voice, allies, skills, and capacities for income generation. These factors can be developed and built upon via programs to help prevent child marriage but also to facilitate autonomy and safety in marriage, among those who marry as minors.

146. Associations between provider abuse and discrimination during childbirth and maternal health complications in Uttar Pradesh, India
Anita Raj, PhD
Violence against women can take many forms, including abuse from health providers. Growing research documents an epidemic of provider abuse and discrimination against women in childbirth, globally. Efforts to increase facility deliveries in places like Uttar Pradesh, India may be compromised by this concern. This study assesses associations between provider abuse and discrimination and maternal complications, at delivery and post-partum, in Uttar Pradesh, India, where 5% of all maternal deaths globally occur.

147. Expanding IPV screening to capture human trafficking victims in a pediatric hospital setting
Julia Hanes, LSW, MSW
Human trafficking is a pervasive type of violence that often overlaps with IPV. Utilizing a very successful IPV and TDV crisis and prevention program that has been implemented in St. Christopher’s Hospital, a children’s hospital in Philadelphia, we are creating a similar human trafficking education, screening, and prevention program.

148. How does practicing yoga benefit survivors and act as a primary prevention mode?
Jeanne Barkey, MSN, RN, PHN, AHN-BC
Emerging research on the effects of yoga point to promising ways to understand and channel yoga’s popularity towards
its ethics of non-violence (love and respect), truthfulness, non-stealing, and non-greed. Collaborative engagement of survivors, advocates, nurses, public health educators, yoga practitioners, and yoga instructors may be an untapped source of change towards promoting health and addressing domestic violence. How might we harness the healing and prevention potential of yoga towards personal empowerment, community wellness, and essential policy change?

149. Intimate partner homicide in Europe
Heidi Dr. Stöckl, PhD
Homicide is an important contributor to premature mortality globally. Worldwide, intimate partners commit approximately 14 percent of homicides, and this proportion is six times higher for female than for male homicides. The proportion of homicides committed by intimate partners was estimated to be even higher in high-income countries. While these findings underline the importance of tackling intimate partner homicide, research on its occurrence in Europe is still limited.

150. PAWS to protect: Including companion animals in community and legislative responses to intimate partner violence
Dawna Komorosky, PhD
The purpose of this poster presentation is to discuss the dynamics of intimate partner violence (IPV) and animal cruelty, and the efforts made by domestic violence shelters, legislators, and grassroots organizations to support victims and their companion animals.

151. Sexual violence and labor exploitation: Life narratives of Central American migrant women working in agricultural and domestic sectors in the Mexico-Guatemala border region
Argentina E. Servin, MD, MPH
This study seeks to increase understanding of the dimensions of labor exploitation and sexual violence and discuss specific action steps to address the problem through in-depth interviews with migrant women who worked in the agricultural/domestic sector in Mexico.

152. The role of shame in disclosures of intimate partner violence victimization within sexual minority populations
Johanna Engler Barry, LSW
This session will discuss some of the major barriers members of the LGBTQ+ population face with regard to disclosing experiences of intimate partner violence victimization, and how clinicians and advocates can more effectively provide support.

153. Understanding the unique needs of individuals experiencing intimate partner violence and homelessness
Danielle Barth, LSCW
This poster will provide a basic review of definitions and facts about domestic violence and homelessness, with a particular focus around the intersections of both issues. The poster will then review unique needs of individuals experiencing both DV and homelessness, and what implications there are for integrating the service spheres. A case study will be offered to depict the complexities and service implications of individuals that intersect both service spheres. Lastly, I will include a brief synopsis of VA specific initiatives for DV/IPV, as my affiliation is with the VA Homeless Program and Intimate Partner Violence Assistance Program.

154. Women’s day-to-day lives following sexual assault in university: The influence of social discourse
Katherine E. Stewart, MScOT, OT Reg. (Ont.)
Little is currently known about how the activities women need, want, and are expected to do in their everyday lives following sexual assault in university are influenced by discourse. Using critical discourse analysis, this study identifies and examines the discourses that constitute knowledge about daily activities following sexual assault in university, as well as the influence of these discourses on women’s activity choices and patterns.

155. Life after sexual assault: An occupational perspective
Katherine E. Stewart, MScOT, OT Reg. (Ont.)
Changes to women’s daily activities following sexual assault in adulthood have only been minimally examined. Drawing upon the sexual assault literature, this narrative overview and synthesis provides a comprehensive description of what is known about whether and how the activities women need, want, and are expected to do in their daily lives are changed after an experience of sexual assault. Findings may help inform service providers about what women’s daily lives look like in the aftermath of sexual assault.
Technology

156. A nationally-representative sample of fathers who perpetrate physical and technology-delivered intimate partner violence: Prevalence and correlates with alcohol and substance use and beliefs about child harm

Richard Tolman, PhD, MSW

We surveyed a nationally-representative sample of fathers, age 18-35 years, to determine the prevalence and correlates of physical intimate partner violence (IPV) perpetration and technology-delivered aggression. We determined that nearly 1 in 4 fathers reported perpetrating physical IPV, and over 1 in 3 fathers reported technology-delivered aggression. Correlates of both forms of IPV included alcohol misuse and substance use, while belief that children are harmed by parental IPV was associated with decreased risk of physical IPV perpetration.

157. Electronic sexual coercion and sexual violence among adolescent girls in San Diego county

Marissa Salazar, MA

This study aims to assess the association between experiencing electronic sexual coercion (ESC) and sexual violence among adolescent girls. ESC involves: a) being pressured to send sexual photos/videos, b) having sexual photos shared without permission, c) receiving unwanted sexual photos/messages, or d) being pressured online or via text to do something sexual in-person.
Millan A. AbiNader, MSSW
Millan AbiNader, MSSW, is obtaining her PhD from the Boston University School of Social Work. Her research interests include community and systemic responses to domestic violence, sexual violence, and human trafficking and interpersonal violence primary prevention. Millan is particularly committed to studying interpersonal violence in rural areas. Before entering the PhD program, Millan worked in various capacities to prevent and intervene in sexual violence, domestic violence, and human trafficking. Millan earned her MSSW from the University of Texas at Austin in 2015.

Sade Adeeyo, MA
Sade Adeeyo, MA is a Research Associate in the Urban Institute’s Metropolitan Housing and Communities Policy Center. She is member of the Program on Neighborhoods and Youth Development research team and is part of the Promoting Adolescent Sexual Health and Safety (PASS) project. She holds an MA in public policy with a concentration in women’s studies.

Kamila A. Alexander, PhD, MPH, RN
Kamila A. Alexander, PhD, MPH, RN is an Assistant Professor at Johns Hopkins School of Nursing. She studies sexuality, decision-making, health behaviors, and social processes, including intimate partner abuse (IPA) that lead to sexual health outcome inequities in marginalized communities. Her populations of interest include women, older adolescents, and emerging adults across the socioeconomic, ethnic, and racial spectrum. Dr. Alexander’s current work examines the underlying mechanisms of sexual health disparities at the intersections of HIV/STI and IPA prevention, healthy sexuality, and reproductive well-being.

Stephanie Alexander, MS
Stephanie Alexander, MS has worked with Federal, State and local health departments developing, designing, and coordinating various health promotion programs for the past 17 years. Ms. Alexander has guided policies for implementation of health equity initiatives on a national level. She has developed numerous public and private partnerships to promote public health system approaches to address women’s health disparities. Ms. Alexander was commended for her deliverance of public health programs and received the U.S. Department of Health & Human Services Secretary’s Award for Distinguished Service in 2002 and 2013 for her contributions enhancing women’s health research.

Jocelyn Anderson, PhD, RN
Jocelyn Anderson, PhD, RN is currently a Postdoctoral Scholar at the University of Pittsburgh School of Medicine. Her research focuses on the impact of intimate partner violence and sexual violence on health, as well as health care provider and system response to violence. Her work has included examining the impact of violence on HIV treatment outcomes, use of alternate light source technology in forensic medical examination and use of internet and smartphone technologies to improve safety among abused women.

Pamela Anderson, PhD
Pamela Anderson, PhD is a Senior Research Associate at ETR, with over 10 years of experience conducting research in the area of sexual and reproductive health. Pam has considerable experience in designing, managing, and implementing multi-site and multi-method evaluations in school settings featuring group-randomized designs. Pam’s work focuses largely on the context of adolescent romantic relationships and understanding the impact of healthy and unhealthy behaviors on adolescents’ health and well-being. Pam’s work also includes a focus on the correlates and outcomes of unhealthy and violent relationships, including the commercial sexual exploitation of young people.

Alita Rose Andrews, LPC-Intern, MA, MPH, NCC, CPH
Alita Andrews, MA, MPH, is a Health Advocate for the Technology Enhanced Screening and Supportive Assistance (TESSA) program at the University of North Texas Health Science Center (UNTHSC) in Fort Worth, Texas. In this role, Alita helps connect intimate partner violence survivors to healthcare resources at the local Family Justice Center in Fort Worth, TX. She recently graduated with her Master of Public Health degree from UNTHSC in the Community Health Concentration. Her research interests involve women’s health and health technology. Alita’s interests include the minority, marginalized, and uninsured populations, technology-enhanced interventions, healthcare access, and reproductive justice.

Polly Andrews, BA
Polly Andrews was raised in Southwest Alaska, in the rural villages of Chevak and Lower Kalskag; she is half Cup’ik Eskimo and Norwegian. She moved to Anchorage in 2006 to pursue a degree in Human Services at UAA. As an Advocate for FWWI, Polly has a passion for watching people change and heal as they share their stories and connect with their cultural roots. Married to her sweetheart Ossie, she is a mother to three children. In her spare time Polly enjoys Cup’ik song and dance, composing music, traditional storytelling, and returning to the village every year with her family.
Diana J. Arango, MSc

Diana J. Arango is the Sr. Gender-Based Violence and Development Specialist in the Gender Cross-Cutting Solutions Area at the World Bank Group. Before the World Bank she was a Research Scientist at George Washington University’s Global Women’s Institute leading research in conflict settings. Prior to that she served as the Global Coordinator for the development and implementation of the GBVIMS, an inter-agency initiative that aids humanitarian workers in collecting timely data on GBV incidents. She has an MSc from the London School of Economics in Anthropology and Development.

Elizabeth A. Archambault, PhD

Elizabeth Archambault, PhD is the Executive Director of The DOVE Project. She has a Master’s Degree from Columbia University in International Educational Development and Human Rights, and a PhD in Political Anthropology and Gender from The University of Novo Gorica in Slovenia. She began her career working at the Humanitarian Response Unit of the United Nations Population Fund and went on to work in access to health care in urban slums and with untouchable women and children in India. During the Darfur genocide, she managed Child Fund International’s Gender-based violence and Child Protection programming in refugee camps in eastern Chad.

Cristina Arias

Cristina Arias is the Vice President of Survivor Advocacy Services at Domestic Violence Action Center. Cristina has worked in the domestic violence field for 14 years. At DVAC, Cristina provides supervision to direct service agency programs. She develops the capacity and oversees effective services in the community, over the telephone, and in cooperation with other agency initiatives; oversees court outreach, advocacy, and culturally based programs, and ensures effective delivery of client services. Cristina was born in Manila, Philippines and immigrated to Hawaii in her 20’s. She received her Bachelor’s Degree in Communications from Assumption College and is fluent in Tagalog.

Ingrid N. Atiles Tejeda, MS

Ingrid Atiles, MS is doctoral student in the PsyD Clinical Psychology Program at Carlos Albizu University. She currently is completing her pre-doctoral internship at Wyoming State Hospital where she provides clinical services to patients diagnosed with severe and persistent mental illness, who often have extensive background histories of trauma related to physical and sexual abuse trauma. Before entering the field of clinical psychology, Ms. Atiles worked with South Florida Behavioral Health Services, whereas the Adult System of Care Specialist, she ensured care for people at risk and affected by substance use and mental health disorders.

Nancy Bagnato, MPH

Nancy Bagnato has been with the California Department of Public Health (CDPH), for the past twenty five years, and is currently the Chief of the State and Local Injury Control Section within the Safe and Active Communities Branch. She oversees an array of injury and violence prevention programs, and providing public health program and policy development for local, state, and national initiatives on injury and violence prevention issues. She has worked in local county public health programs, in private sector health maintenance organizations, and has also worked as a private consultant to state and regional offices of education throughout California.

Meredith E. Bagwell-Gray, PhD, LMSW

Meredith E. Bagwell-Gray, PhD, LMSW, is a postdoctoral scholar at the Arizona State University School of Social Work. She has eleven years of practice and research experience with survivors of intimate partner violence. Her research primarily focuses on developing and testing innovative interventions for cultural and contextual relevance, including adapting the Danger Assessment - a homicide risk assessment tool - for Indigenous communities and developing trauma-informed sexual safety planning for survivors to address their sexual health needs.

E. Hayes Bakken, MD

Dr. E. Hayes Bakken is a pediatrician at Zuckerberg San Francisco General and an Assistant Professor of Pediatrics at the University of California, San Francisco (UCSF) who has expertise in caring for children with special healthcare needs including those affected by toxic stress. Dr. Bakken earned her medical degree at University of Pennsylvania’s Perelman School of Medicine and completed her pediatric residency at UCSF. She is the Associate Medical Director for Primary Care at the Children’s Health Center, the Pediatric

SPEAKER BIOGRAPHIES
Primary Care Quality Improvement lead for the San Francisco Health Network, and a co-investigator on the federally-funded ARISE project.

**Susie Baldwin, MD, MPH**

Susie Baldwin, MD, MPH, is a preventive medicine physician and Co-Founder and Board President of HEAL Trafficking. Susie works as Medical Director for Medical Community Engagement at the LA County Department of Public Health, has been Medical Director for the California Family Health Council and Planned Parenthood of Southern Arizona, has performed research on cervical cancer prevention and other public health topics, and is a provider of comprehensive family planning services. She ran a specialty clinic for human trafficking survivors in LA for 7 years.

**Michelle S. Ballan, PhD**

Michelle Ballan, PhD is Professor of Social Welfare and Professor of Family, Population, and Preventive Medicine at SUNY Stony Brook Health Science Center. Her research, teaching, and service are dedicated to individuals with disabilities. She has published over 30 manuscripts, and is an investigator on several disability grants. Dr. Ballan is the recipient of the 2010 Columbia University Presidential Teaching Award and the 2015 Mid Career Exemplary Leader Award for the NASW-NYC Chapter. She is a board member for Services for the Underserved and has worked as a practitioner in various settings including the NJ Brain Injury Association and Safeplace.

**Sandra Bamford, MSW, LSW**

Sandra Bamford, MSW, LSW, is a hospital-based intimate partner violence counselor at a major healthcare system in Philadelphia. Through a partnership with Lutheran Settlement House, hospitals in Philadelphia place counselors on site to respond to intimate partner violence referrals. At Einstein Medical Center, Sandra works closely with the Pediatrics, Obstetrics/Gynecology, and Emergency Medicine Departments to train healthcare providers and hospital staff to screen, respond to intimate partner violence, and connect patients to resources.

**Jeanne Barkey, MSN, RN, PHN, AHN-BC**

Is a professor and nurse and Metropolitan State University and focuses on holistic nursing.

**Marie Barnard, PhD**

Marie Barnard, PhD is an Assistant Professor of Pharmacy Administration at the University of Mississippi. Dr. Barnard studies the intersection of violence and health. She has conducted evaluations of IPV screening and interventions programs in a variety of settings.

**Johanna Engler Barry, LSW**

Ms. Barry is a licensed social worker and is pursuing her PhD in Social Work at Loyola University, Chicago. She received her MSW in 2014 from The University of Chicago where she also received a certificate in Global Health Administration and Policy. Ms. Barry completed a Post-MSW Fellowship at The University of California, Berkeley, and is the recipient of the UC Berkeley Cesar Chavez Award for outstanding clinical services provided to survivors of sexual assault. Barry serves as a board member of the Chicago Women’s Health Center as well as the Chicago Alliance Against Sexual Exploitation.

**Courtney Barry, PsyD**

Courtney Barry, PsyD, an Instructor/Fellow in the Department of Family and Community Medicine at the Medical College of Wisconsin, works closely with Dr. Kevin Hamberger, PhD and Dr. Zeno Franco, PhD on trauma-informed initiatives. Dr. Barry’s research focuses on trauma-informed care within primary care. Her current work focuses on the relationship between types of trauma and healthcare utilization. She is using that data to inform strategies to improve services offered for trauma patients and to develop programs that foster systemic change and promote a biopsychosocial approach to treatment within primary care, including trauma-informed training for providers and staff.

**Danielle Barth, LSCW**

Danielle Barth received her MSW from University of Wisconsin in 2012. She currently works as an LCSW at the Madison, WI VA Medical Center in the VA Supportive Housing Program, and collaterally functions as the hospital’s IPV Coordinator. Ms. Barth has 5 years of experience providing intensive case management to individuals with complex needs, and has a personal interest in prevention of IPV, and improving services for those affected. She previously worked as a program manager of an IPV service provider, and has volunteered in multiple crisis intervention capacities.
Kathleen Basile, PhD
Kathleen C. Basile, PhD is a Senior Scientist in the Office of the Associate Director for Science, Division of Violence Prevention, in the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC). Dr. Basile has been at CDC since 2000, and focuses her work on the measurement, prevalence, risk, and protective factors, evidence base for prevention, and health consequences of sexual violence and intimate partner violence of adults and adolescents. She has published numerous reports, journal articles, and book chapters on these topics.

Julie Bassett, MPH
Julie Bassett, MPH, is a Prevention Research Coordinator at SafeHaven of Tarrant County in Fort Worth, Texas. They have been working in the sexual assault/domestic violence services field in various roles for several years. As a case manager with direct services, they quickly identified the need for domestic violence prevention. As a primary prevention specialist, they fostered the exploration, understanding, and analysis of violence prevention. While attending graduate school, Julie was selected for the Futures Without Violence Campus Leadership Program. Their current position is overseeing a collaborative research project reviewing a bullying prevention curriculum for elementary students.

Danna Basson, PhD, MPP
Danna Basson, PhD, MPP, is WestCoast Children’s Clinic’s Director of Research and Evaluation. Since joining WestCoast in 2012, she has led research to further understand the needs and strengths of sexually exploited children. She is the Principal Investigator of the project to develop and validate WestCoast’s Commercial Sexual Exploitation – Identification Tool (CSE-IT). Dr. Basson has 15 years of experience as a researcher and has presented internationally on her work pertaining to sexually exploited minors and the needs of vulnerable youth.

Brieanne Beaujolais, MA
Brieanne Beaujolais is a PhD student in the College of Social Work at The Ohio State University. Her research interests relate to gender-based violence prevention and trauma-informed treatment, sexual violence on college and university campuses, and international social work. Brieanne works on a research team that investigates the integration of behavioral health care in primary health care settings. Her international research includes a pilot study related to perceptions of violence and safety on a university campus in Turkey.

Kira Bellolio, JD
Kira Bellolio is the Manager for the Latina Domestic Violence Program (LDVP) at Congreso de Latinos Unidos in Philadelphia, PA. The LDVP is focused on providing trauma informed and client centered services in a data informed and culturally appreciative manner. As Manager, Kira oversees four service areas within the LDVP to help survivors attain their safety and empowerment. Kira began working with survivors of domestic violence while in law school at Western Michigan University’s Thomas Cooley Law School. Since then, she has worked in various capacities advocating for victims’ rights.

Audrey E. Bergin, MPH, MA
Audrey Bergin, MPH, MA, is the Founder and Manager of Northwest Hospital’s Domestic Violence Program (DOVE), current chair of Baltimore County, Maryland Domestic Violence Fatality Review Team, and past President of the Maryland Health Care Coalition Against Domestic Violence. Ms. Bergin has 25 years of experience working with abused children and women. Ms. Bergin has been awarded the 2007 Daily Record’s Health Care Professional Hero’s Award, a 2008 Governor’s Citation and 2013 Maryland Network Against Domestic Violence Medical Award. The DOVE Program received a 2013 National Crime Victims Service Award for innovative programming.

Kay Berryman, MPH
Kay Berryman, MPH, affiliates to Ngaati Maniapoto, Ngaati Apakura and is a research fellow at Taupua Waiora Centre for Maori Health Research at the Auckland University of Technology. She has a research background in community indigenous health and iwi (tribal) research. She has previously worked at Waikato District Health Board and a project manager and policy analyst and more recently at the Waikato-Tainui College for Research and Development.

Enrica Bertoldo, MA
Enrica Bertoldo has been with the California Department of Public Health for five years, and is currently a Program Coordinator in the Violence Prevention Unit of the Safe and Active Communities Branch. She provides public health consultation for the development, implementation, and evaluation of local and state domestic and sexual violence prevention programs. With over 10 years of experience in local and statewide mental health prevention and early intervention programs, she is committed to working on primary prevention efforts. Her service delivery experience includes working with youth and families exposed to trauma, domestic violence, and sexual abuse.
**Pepper Black**
Pepper Black has worked in domestic violence prevention and response internationally, and is a certified mediator, also certified as a victim-offender dialogue mediator in prisons; a certified EFT Trainer, and is licensed as a restorative justice practitioner. When at UC Berkeley, her 2012 Chancellor’s Excellence in Management award stated, “Pepper’s enthusiasm for her work in a culturally diverse community carries over into the workplace, and she is able to model intercultural competence by communication with respect and compassion... her extensive training in Nonviolent Communication has become part of the everyday culture, transforming staff interactions at work and in their private lives.”

**Vashti Bledsoe**
Vashti Bledsoe has worked for the Lutheran Settlement House Bilingual Domestic Violence Program (BDVP) for over 20 years. In her current role as the BDVP Program Director, she provides leadership & supervision for a staff of 15. She oversees program development, assists with grant writing, coordinates program budgets, and develops program evaluation procedures.

**Erika Bonnevie, MA**
Erika Bonnevie, MA, is a Program Manager at the Center on Gender Equity and Health in the Division of Global Public Health at UCSD. She works with Dr. Jennifer Wagman on projects related to intimate partner violence in sub-Saharan Africa. Erika holds a BA in History and a MA in Human Rights. She comes to UCSD with experience conducting research across diverse settings, including Central Asia, England, Kenya, and Mexico. Although she is most interested in research on women’s health, she has managed projects on a variety of topics, such as childhood obesity, tobacco control, and the health of orphans.

**Amy Bonomi, PhD, MPH**
Amy Bonomi, PhD, MPH is Professor and Chair of the Human Development and Family Studies Department at Michigan State University, and Chair of MSU’s Sexual Violence Advisory Committee. Dr. Bonomi is an associate editor at the Journal of Women’s Health and writes a violence prevention blog for the Huffington Post. In recognition of her violence prevention efforts, in 2011 Dr. Bonomi won the Distinguished Scholar Award from the College of Education and Human Ecology at Ohio State University.

**Sabrina C. Boyce, MPH**
Sabrina Boyce, MPH, is the Research Program Manager for the Center on Gender Equity and Health (GEH) at the UC San Diego School of Medicine. She currently manages the research portfolio of Dr. Jay Silverman, Director of Research at GEH, which includes a variety of domestic and international projects related to violence against women, reproductive and maternal health, child marriage, and sex trafficking. Mrs. Boyce has also developed and managed services for adolescent and adult survivors of domestic and dating violence at a non-profit organization and health clinics, including facilitated coordinated community response initiatives across multiple sectors.

**Nathan Q. Brewer, MSW**
Nathan Brewer, MSW, is a doctoral student at the Simmons School of Social Work. Nathan has extensive experience in the fields of domestic violence and sexual assault. He is currently a Crisis Intervention Counselor at the Sexual Assault Response and Prevention Center at Boston University.

**John Bridges, MA**
John Bridges, Master of Arts, is the Clinic Director at Family Health Centers of San Diego for fifteen years, the past nine overseeing the Beach Area Family Health Center (BAFHC) and the Beach Area Women’s Health Center (BAWHC), two Federally Qualified Health Centers. John manages Adult Medicine, Pediatrics, Early Child Development, Health Education, Behavioral Health, Care Coordination, Patient Engagement and Laboratory Services at the BAFHC. Programs and Services at the BAWHC include Obstetrics, Gynecology, Family Planning, and Domestic Violence Screening.

**Teresa N. Brockie, RN, PhD**
Teresa Brockie, RN, PhD, is Visiting Faculty at the Johns Hopkins University School of Nursing. Teresa is a member of the White Clay (Aavaniin) Nation from Fort Belknap, Montana and received a Doctor of Philosophy in Nursing from Johns Hopkins University School of Nursing and completed a post-doctoral fellowship with the National Institutes of Health Clinical Center. In 2011, Teresa led an all Native American team to collect data on suicidal behavior among reservation-based Native American youth. Related to this work, Teresa’s research centers on the prevention and intervention of suicide, trauma, and adverse childhood experiences among vulnerable populations.

**Pam B. Brown, M Ed**
Pam Brown, MEd is a Health Scientist in the Prevention Practice and Translation Branch of the Division of Violence Prevention in CDC’s Injury Center. Her work at CDC has focused primarily on sexual and intimate partner violence prevention program implementation and coordinating technical assistance for sexual violence and intimate partner violence prevention practitioners. Previously, Pam was the Director of Programs at Prevent Child Abuse Georgia, providing leadership for statewide child abuse and
Neglect prevention program development, implementation, and evaluation.

Steven Brown, PsyD

Steve Brown, PsyD, is the Director of the Traumatic Stress Institute (TSI) of Klingberg Family Centers, and Coordinator of the Risking Connection Training Program. TSI trains and consults to organizations internationally about implementing trauma-informed care (TIC). In collaboration with Dr. Courtney Baker, he created the Attitudes Related to Trauma-Informed Care (ARTIC) Scale, one of the first empirically validated measures of TIC. He trains professionals nationally on psychological trauma, trauma-informed care, and youth with sexual behavior problems. He is also a long time sexuality educator/trainer and author of Streetwise: Sexuality Education for High Risk Youth.

LeAnn Bruce, PhD, LCSW

Dr. LeAnn Bruce serves as the National Program Manager for the Intimate Partner Violence (IPV) Assistance Program under the National Care Management and Social Work Office, Department of Veterans Affairs. For over 25 years, Dr. Bruce has been involved in the prevention and intervention of domestic and intimate partner violence. Dr. Bruce has served on several national committees and continues to serve as an officer of the National Association of VA Social Workers. She is an adjunct professor at Western Kentucky University School of Social Work and received her PhD in Social Work in December 2016.

Kelly Buckholdt, PhD

Kelly Buckholdt, PhD, is a staff psychologist at the G. V. (Sonny) Montgomery VA Medical Center in Jackson, MS. She is a member of the VHA IPV Assistance Program Raising Awareness Field-based Workgroup, Mississippi Coalition Against Domestic Violence Medical Protocol for Healthcare Professionals Task Force, and the recipient of a number of VA grants to develop and grow IPV screening and intervention services at the Jackson VAMC. She received her doctoral degree in Clinical Psychology, Child and Family Research from the University of Memphis and her undergraduate degree in psychology from the University of California, Berkeley.

Linda Bullock, PhD, RN

Dr. Bullock, PhD, RN, is currently the Jeanette Lancaster Alumni Professor of Nursing at the University of Virginia School of Nursing. Her research was the first to provide the connection between abuse during pregnancy and infant low birthweight. She has conducted five randomized controlled trials with pregnant women and their children in Missouri and Virginia. Dr. Bullock has worked closely with politicians addressing statewide and national policies and research agendas on intimate partner violence. She is an active participant in the Virginia Nurses Association, Sigma Theta Tau, and the Nursing Network on Violence & Abuse, International.

Camille Burnett, PhD, MPA, APHN-BC, RN, BScN, DSW

Dr. Camille Burnett (PhD, MPA, APHN-BC, RN, BSc.N, DSW) Academic Director, Community Engagement and Partnerships is an Assistant Professor and Scholar at the University of Virginia School of Nursing and the Vice-President for the Nursing Network on Violence Against Women International. She has extensive professional experience in public health including board appointments, management, research, and consulting. Her program of research critically examines policies related to violence against women and the impact that contextual and structural influences have in shaping policy as written and enacted most recently informed by her emerging work in the domain of structural justice.

Candace W. Burton, PhD, RN, AFN-BC, AGN-BC, FNAP

Dr. Candace W. Burton is an Assistant Professor of Nursing Science at the University of California, Irvine and a former domestic violence advocate. Her most recent research focuses on the biobehavioral and biological health effects of intimate partner violence. Dr. Burton has published on intimate partner violence, young adult women’s health, social media in nursing, and women’s reproductive health in the context of coercive and controlling relationships. Dr. Burton is certified by the American Nurses Credentialing Center in both Advanced Forensics and Advanced Genetics Nursing, and sits on the board of the Nursing Network on Violence Against Women, International.

Heather M. Bush, PhD

Heather M Bush, PhD is an Associate Professor of Biostatistics and holds the Kate Spade & Company Endowed Professorship in the Center for Research on Violence Against Women at the University of Kentucky. Her research includes enhancing methodology for measuring outcomes associated with dating violence, sexual violence, and intimate partner violence. Her recent work involves novel applications of statistical approaches and improving data capture in the evaluation of prevention strategies and policies for reducing violence on high school and college campuses.

Kelsey A Bywater, DNP

Kelsey Bywater, DNP recently graduated from the University of Utah in the Family Nurse Practitioner program. Kelsey has been a nurse for over 18 years, working in pediatrics, med/surg, ER, and Home Care. Kelsey recently started practicing in a Family Practice
Clinic. Domestic violence awareness has been Kelsey’s passion and crusade since losing her sister to domestic violence homicide 4 years ago. She is currently on her county’s DV coalition and serves on the elder abuse committee. She has been working with many DV leaders throughout the state of Utah to bring awareness to this public health crisis.

**Jacquelyn Campbell, PhD, RN, FAAN**

Jacquelyn Campbell, PhD, RN the Anna D. Wolf Chair and Professor in the Johns Hopkins University School of Nursing. Dr. Campbell has published more than 250 articles, seven books and has been Principle Investigator of more than 12 major NIH, CDC and NJI grants in her decades of advocacy policy work in collaboration with domestic violence survivors, advocates, health care professionals and marginalized communities including Indigenous peoples. She is an elected member of the National Academy of Medicine, the American Academy of Nursing, and on the Board of Futures Without Violence.

**Lindsay M. Cannon, BS**

Lindsay Cannon, BS, is a graduate student at the School of Public Health and the School of Social Work at the University of Michigan. She received a bachelor’s degree from The Ohio State University with majors in neuroscience and psychology and a minor in criminology. Her research focuses on intimate partner violence, sexual assault, reproductive coercion, and substance use, as well as the impact of these factors on reproductive health and access to healthcare services.

**Jeremy Cantor, MPH**

Jeremy Cantor, MPH, is a Senior Consultant at JSI California and functions as Project Director on this project, overseeing all project activities with special attention to value proposition development and assessment of sustainability incorporation into initiative planning and implementation. Jeremy has over 15 years of experience developing a range of health projects, including extensive work on the intersection of land use, housing, and health; developing and funding health equity and social determinants of health initiatives; and integrating clinical and public health strategies.

**Jane Capili, RN, BSN, PHN**

Jane is a public health nurse with the MCAH program for the Public Health Department. She helps ensure that women receive quality perinatal care. Within the past 12 years, Jane has worked in home visitation and in disease control. Jane trains staff on domestic violence, CPR, Keys to Caregiving, Nurse Child Assessment Screening Tool, and universal perinatal screening.

She advocates for families on the Department’s Zika work group, Maternal Mental Health Collaborative, Bay Area Perinatal Advocates and the Domestic Violence Medical Committee. Jane has an incredible talent for creativity; she is innovative and has a collaborative spirit.

**Julia Caplan, LCSW-C**

Julia Caplan, LCSW-C, currently serves as the IPV Assistance Program Coordinator at the VA Maryland Health Care System. She has previously worked in multiple areas of the VA health care system, including Women's Health and Geriatrics. Julia currently serves on the Board of the Maryland Health Care Coalition Against Domestic Violence, as well as the University of Maryland, Baltimore Community IPV Collaborative. She coordinates the Social Work Graduate Education Program at the VA, as well as the Former Prisoner of War Advocacy Program. Julia graduated with her MSW from University of Maryland, Baltimore School of Social Work in 2011.

**Miki Carpenter, MPH, PhD**

Miki Carpenter, MPH, PHD is a Social Ecologist and is Executive Director of the YWCA San Gabriel Valley and the Director of the YWCA's Center for Healthy Communities. Miki has worked in multiple sectors including business, government, health care, nonprofit, and higher education. Miki strives to develop cross-sector coalitions to address complex community issues. Miki is a graduate of the 2012 Asian American Professionals Association Leadership Program and is a 2015 Fellow of the Women's Policy Institute of the Women's Foundation of California.

**Marina Castillo-Augusto, MS**

Marina Castillo-Augusto, MS, is Chief of the Community Development and Engagement Unit, California Department of Public Health-Office of Health Equity. She has served as: Acting Chief at the California Department of Mental Health-Office of Multicultural Services; Human Trafficking Program Manager for the California Attorney General’s Crime and Violence Prevention Center; and Senior Criminal Justice Specialist with the Governor’s Office of Emergency Services overseeing Violence Against Women Act funded grants. Currently, she leads a $60 million dollar statewide initiative called the California Reducing Disparities Project, a pilot program aimed at reducing mental health inequities for targeted racial, ethnic, and LGBTQ communities.

**Mandeep K. Chahal, BS**

Mandeep Chahal is a graduate student in the Community Health and Prevention Research Masters program at the Stanford University School of Medicine.
**Linda Chamberlain, MPH, PhD**
Linda Chamberlain, PhD, MPH is a scientist, author, professor, and Founding Director of the Alaska Family Violence Prevention Project. Dr. Chamberlain is an internationally recognized keynote speaker and advocate for health issues related to domestic violence, adverse childhood experiences, brain development and trauma. The author of numerous curricula and resources for service providers and caregivers, she is known for her abilities to translate science into practical information that conveys a message of hope and healing. Recognition for her work include a National Kellogg Leadership Fellowship, an Alaska Women of Achievement Award, and the Inaugural Scattergood Foundation Scholar on Child Behavioral Health.

**Ronald G. Chambers, MD, FAAFP**
Ronald Chambers Jr, MD, FAAFP is the Program Director for the Methodist Family Medicine Residency Program, Chair of the Family Medicine Department at Methodist Hospital of Sacramento, Chief of Hill Physicians Sacramento Region, and Physician Advisor for the Human Trafficking Response Program for the Dignity Health hospital system encompassing forty-nine hospitals. Dr. Chambers has authored peer reviewed papers on the physicians role in human trafficking victim care, published a medical book chapter on human trafficking, received grants for the development of his residency programs human trafficking medical home, and advocated for victims’ rights at the local and state level.

**Judy Chang, MD, MPH**
Dr. Chang has worked as a victims’ advocate in community organizations assisting victims of intimate partner violence, an IPV researcher, and a women’s health care provider. Over the last 15 years, she has regularly taught lectures and workshops to train medical students, obstetrics and gynecology residents, women’s health residents, public health students and nursing students how to better understand and help women experiencing intimate partner violence. Her research has been primarily in the area of violence against women, specifically addressing issues regarding health care screening and interventions for intimate partner violence.

**Amy Chanmugam, PhD, LCSW**
Amy Chanmugam, PhD, LCSW, is an associate professor in social work in the College of Public Policy at The University of Texas at San Antonio. She graduated from Vassar College with a double major in psychology and German literature, and earned her MSSW (1996) and her PhD (2009) from The University of Texas at Austin. She has held advanced clinical licensure in Texas since 2000. Her research focuses on children/youth exposed to adult intimate partner violence, with recent projects concerning shelter-based services, safety planning, access to mental health care, youth coping and resilience, and injury and fatality prevention.

**Shuk Ting Denise Cheung, PhD, MPhil, BNurs**
Denise Cheung is with the School of Nursing at the University of Hong Kong. She obtained her BNurs, MPhil, and PhD degrees in Nursing from the University of Hong Kong. She is primarily involved in undergraduate teaching in certain clinical and research subjects. Her research work is in the area of domestic violence, with particular focus on assessment, prevention, and intervention.

**Karuna S. Chibber, DrPH**
Karuna S. Chibber, DrPH is a public health evaluator and researcher with over 12 years of experience conducting community and clinic-based research and program evaluations. Dr. Chibber serves as the senior evaluator for several projects that include formative, process, and outcomes evaluation as well extensive stakeholder engagement in all aspects of evaluation design and implementation. Her work has included mixed-method evaluation of an intergenerational technology intervention to support aging in place; retrospective analysis of billing data to evaluate the impact of a Medicaid health plan’s care management intervention; and evaluation planning and capacity building for local public health departments.

**Carla Chugani, PhD, LPC**
Carla D. Chugani, PhD, LPC is a Counselor Educator, Licensed Professional Counselor, and Postdoctoral Scholar whose research is focused on college student health and the intersection of mental health with higher education. She is particularly interested in adaptations of Dialectical Behavior Therapy (DBT) for college campuses and intervention development that supports the success of vulnerable and high-risk students.

**Andrea Cimino, PhD, MSW**
Andrea N. Cimino, PhD, MSW is a Faculty Research Associate at the Johns Hopkins School of Nursing. She is co-investigator of The ESSENCE Project, a study examining the impact of environmental and physiological factors on forced sex and HIV risk among African American women living in Baltimore, Maryland (R01-HD077891). Her current research focuses on gender-based violence, specifically examining the street prostitution exiting process. Dr. Cimino’s contribution to the field includes a clinical assessment that measures readiness to exit prostitution for adult women.
**Kimberly L. Citron, PhD**

Kimberly Citron, PhD is a licensed Clinical Psychologist and Director of Domestic Violence Services, Research, and Education at Community Health Center Inc. Dr. Citron is responsible for CHC’s domestic violence services, including the New Horizons shelter, community support and education groups, and court-based victim advocacy, as well as research and education related to IPV. She has a PhD in Clinical Psychology from City University of New York’s The Graduate Center with a Forensic Psychology subspecialty from John Jay College of Criminal Justice. She has worked in in-patient, in-home, and outpatient setting providing services to children, adolescents, and adults.

**Ann Coker, PhD, MPH**

Ann L. Coker, PhD, MPH, is the Verizon Wireless Endowed Chair in the Center for Research on Violence Against Women at the University of Kentucky. She is a full professor in the Departments of Epidemiology and in Obstetrics and Gynecology. Dr. Coker’s research focuses on women health and most recently in the evaluation of interventions to prevent dating and sexual violence in high school and colleges campuses.

**Patricia G. Cook-Craig, PhD**

Patricia Cook-Craig, MSSW, PhD is an Associate Professor in the School of Public Policy and Leadership at the University of Nevada Las Vegas. She has served as the Empowerment Evaluator for the Kentucky Association of Sexual Assault Programs since 2005 providing consultation, and evaluation for their violence prevention programming and the Evaluator for the Missouri Department of Health and Senior Services for the Sexual Violence Prevention Program since 2015. As the study co-Principal Investigator, she recently completed a 5 year CDC funded randomized control trial study testing the effectiveness of a bystander program in reducing violence in 26 high schools.

**Shannon Cosgrove, MHA**

Shannon Cosgrove, MHA, is the Director of Health Policy at Cure Violence where she is responsible for defining and promoting the health approach to violence prevention. Her projects include: staffing the National Health Collaborative, identifying policy priorities, building partnerships, and ensuring equity is embedded in the work. Previously, Shannon served as the Deputy Director for the Mayor’s Office on Criminal Justice in Baltimore City. Shannon received her MHA and BSc from the Pennsylvania State University.

**Sarah E. Cprek, MPH**

Sarah Cprek, MPH, is the Director of Undergraduate Studies at the University of Kentucky’s College of Public Health. Her research includes evaluations of the state home visitation program, a prenatal group centering program, and a multi-campus evaluation of violence on college campuses. Her primary area of interest involves the long term impact of early childhood experiences.

**Carol B. Cunradi, MPH, PhD**

Carol Cunradi, MPH, PhD, is a Senior Research Scientist at Prevention Research Center, Pacific Institute for Research and Evaluation, in Oakland, California. She received her training in epidemiology at the University of California, Berkeley, School of Public Health and is a Senior Research Scientist at Prevention Research Center, Pacific Institute for Research and Evaluation, in Oakland, California. She received her training in epidemiology at the University of California, Berkeley, School of Public Health.
research focuses on the intersection of health and education with a strong concentration on conditions that disproportionately affect communities of color. Specifically, her research interests include adolescent violence prevention and dating abuse, school climate, health disparities, and faith-based programs for positive youth development.

**Michele Decker, ScD, MPH**

Michele R. Decker, ScD is trained as a social epidemiologist with expertise in gender-based violence. She is Associate Professor of Population, Family and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health, where she also directs the Women’s Health and Rights program of the Center for Public Health and Human Rights. She brings over a decade of research and programmatic experience in gender-based violence prevention and intervention as well as its impact on sexual health, and HIV risk behavior and infection.

**Sarah DeCosta, BA**

Sarah DeCosta, BA is the DELTA Outreach Coordinator for the Elizabeth Buffum Chace Center. In that role, she implements violence prevention programming for community members and professionals in Cranston, Rhode Island, as well as co-coordinating the Youth Empowerment Zone based at Hugh B. Bain Middle School. She has spent over a decade working in the domestic violence field, and has been with the EBC Center since 2009.

**Sarah DeGue, PhD**

Sarah DeGue, PhD is a Senior Scientist in the Division of Violence Prevention at the US Centers for Disease Control and Prevention (CDC). Dr. DeGue-s primary research interests concern perpetrators and victims of interpersonal violence. At CDC, her work has focused on the development and evaluation of strategies for the primary prevention of sexual violence perpetration. In addition, she serves as a subject matter expert on sexual violence prevention within CDC and in consultation with other federal agencies and departments. She also serves as project lead for CDC’s Dating Matters® Initiative.

**Krista Del Gallo, BA**

Krista Del Gallo, BA, is a Policy Manager at the Texas Council on Family Violence researching, analyzing and promoting laws, policies and options that expand the critical social safety nets for survivors of family violence, with a particular focus on health, immigration remedies, child welfare, and economic stability. Krista has been working within the domestic violence and sexual assault movements since 1994. She has done case management, children’s advocacy, legal advocacy and training at crisis programs in rural...
Jenny Dills, MPH

Jenny Dills, MPH, graduated with a Masters of Public Health at the University of Missouri. Currently, Ms. Dills serves as a Health Communication Specialist in CDC's National Center of Injury Prevention and Control, Division of Violence Prevention. She is also an adjunct professor for the Masters of Public Health program at the University of Missouri. Previously, Ms. Dills worked as the Prevention Coordinator at the Missouri Coalition Against Domestic and Sexual Violence, where she helped increase the capacity of domestic and sexual violence agencies to do prevention work. Her undergraduate degrees are in English and Women’s and Gender Studies.

Elena Dineen, JD

Elena Dineen, is a Staff Attorney for Programs at FUTURES. Prior to joining FUTURES, Ms. Dineen directed the Salinas, California office of California Rural Legal Assistance, Inc. where she worked for six years representing farmworkers and other low-wage workers and their families in employment, education, housing, and immigration cases and litigation. In addition to her work on the Workplaces Respond Project, Ms. Dineen helps implement the OVW TA project Building Collaborative Responses to Trafficked Survivors of Domestic Violence and Sexual Assault.

Susie DiVietro, PhD

Susie DiVietro, PhD, is a medical anthropologist and research scientist at the Injury Prevention Center, Connecticut Children’s Medical Center/Hartford Hospital, Instructor of Pediatrics at the University of Connecticut School of Medicine, and Visiting Assistant Professor of Anthropology at Trinity College. Her area of expertise is intimate partner violence, particularly in the context of health and trauma, and she has a commitment to applied research and community education. Her current work brings anthropological research methods to the implementation of intimate partner violence interventions.

Beth A. Docherty, BS

Beth Docherty, BS, is a researcher, educator, and survivor. She has been a chemist/researcher for several companies and is currently a private consultant. In 2007, she founded the TRUST Project, to educate students and clinicians in all areas of healthcare about sexual abuse/trauma and how sexual abuse impacts health, well-being, and patient outcomes. She is an award-winning leader and advocate and has served on various boards and committees, including Pittsburgh Action Against Rape, PA Coalition Against Rape, Center for Children’s Justice, and PA Crime Victims Alliance. Beth has testified in judicial policy hearings, and speaks nationally about sexual abuse.
Adam Dodge, JD
Adam Dodge, JD, is the Legal Director at Laura’s House and his work is characterized by his dedication to assisting domestic violence survivors seeking restraining order protection. He is dedicated to advancing domestic violence public policy, serving as Public Policy Co-Chair for the California Partnership to End Domestic Violence. Adam is a frequent guest lecturer at universities and law schools, appears on radio and television programs such as The Dr. Phil Show, and is an instructor for the California Domestic Violence 40-hour training certificate program. He has been published in the Huffington Post, Orange County Register, and OC Lawyer Magazine.

Kathleen A. Doherty, LCSW, ICDVP
Kathleen A. Doherty is Executive Director of the Chicago Metropolitan Battered Women’s Network. She has worked for 29 years in health and HIV/AIDS, youth development, and violence prevention/intervention. Doherty was Executive Director, for thirteen years, of the IPV agency Between Friends and led them to win the Alford – Axelsson Award for Nonprofit Managerial Excellence. Doherty was Board President of the Illinois Coalition Against Domestic Violence and Co-Chair of the Services Committee, where she co-led a multi-year needs assessment. Doherty is an appointed member of the DV Coordinated Response Council of the City of Chicago and the Illinois DV Advisory Council.

Martha E. Dominguez, MA, MPH, PhD
Martha Dominguez, MA, MPH, PhD is the statewide lead for the MCAH Division on Intimate Partner Violence efforts, Text4baby, and consultant for the California Black Infant Health Program. Martha has worked in public health and social service for 15 years. She’s active in the community where she has established infrastructural opportunities to promote physical activity among Latina women; lactation support to teen moms, Africa-Americans and Latina moms; and works with Sacramento County Housing & Redevelopment to provide stable and safe homes for minority women. Martha holds masters’ degrees in cultural studies and public health; and doctorate degree in public health.

Heidi Dr. Stöckl, PhD
Heidi Stöckl, PhD, is a Lecturer at the Gender Violence and Health Centre at the London School of Hygiene and Tropical Medicine and an Honorary Senior Lecturer in Clinical Medicine at the University of Witwatersrand. Her main areas of research are: 1. Prevalence, risk factors and health outcomes of intimate partner violence, with a special focus on pregnancy, adolescents, and older women, 2. Interventions addressing intimate partner violence and vertical transmission of HIV, 3. Intimate partner homicide and 4. Human trafficking. Heidi is involved in a WHO antenatal care study to address intimate partner violence during pregnancy in South Africa.

Tanya Draper Douthit, MSW, LSCSW
Tanya Draper Douthit, MSW, LSCSW, has thirteen years of experience in the violence against women field. As the Director of Community Programs at Rose Brooks Center, Tanya oversees both the Bridge Program, which serves the major metro-area hospitals and clinics, as well as the on-site health services provided to persons served by RBC. She also supervises the agency’s legal advocacy team and the training and safety assessment programs. As part of RBC’s education and outreach efforts, Tanya routinely presents on the topics of health impacts of domestic violence, including reproductive coercion, and the impacts of secondary trauma on helping professionals.

Jessica Draughon Moret, PhD, RN
Jessica Draughon Moret is an Assistant Professor of Clinical Nursing at the Betty Irene Moore School of Nursing at UC Davis. A forensic nurse since 2007, Draughon Moret’s research focuses on the intersection of gender-based violence and HIV risk. Her dissertation was funded by the National Institute of Mental Health and examined factors related to provision and acceptance of HIV post-exposure prophylaxis following sexual assault. In 2013, she was awarded the International Association of Forensic Nurses Achievement Award for significant contributions to forensic nursing through clinical work or research. She is internationally certified as a Sexual Assault Nurse Examiner (SANE-A).

Sara R. Duran, CHES
Sara Durán, CHES is the Program Supervisor at Christie’s Place, a non-profit organization in San Diego County that provides comprehensive social services closely linked to primary care for women, children, and families impacted by HIV/AIDS. She is the co-chair for the Christie’s Place Cultural Competency/Trauma-Informed Committee and has trained others on trauma-informed practices, the neurobiology associated with complex trauma as well as cultural and historical trauma issues. She has presented at several conferences and invited speaking engagements including Key Strategies for Integrating Trauma-Informed Care in Social Service Settings at the 21st International Conference on Violence, Abuse and Trauma.
**Mary Ann Dutton, PhD**

Mary Ann Dutton, PhD is Professor of Psychiatry at Georgetown University and Co-Director of the Community Engagement Component of the Georgetown-Howard Universities Center for Clinical and Translational Science (GHUCCTS). Dr. Dutton’s research focuses on violence, trauma, mental health, PTSD, and community-based interventions designed to reduce health-care disparities in these areas. Recently her work has focused on Mindfulness-Based Stress Reduction as an intervention for PTSD and related problems. She has developed and tested a telehealth intervention, CONNECT, focused on reducing revictimization and PTSD among women exposed to intimate partner violence.

**James Encinas**

James Encinas is a parent education specialist to probationers for the prevention of child abuse and domestic violence, Encinas authored a book and 26-week curriculum titled Wheeling to Healing: Broken Heart on a Bicycle, subtitled Understanding and Healing from Adverse Childhood Experiences. While teaching at Westminster Avenue Elementary School in Santa Monica, CA, he was a role model for the Latino population and founded a not-for-profit endowment to strengthen ties between parents of students and the outside community. Encinas is a Fellow from the first class of Aspen Institute’s Teacher Leaders, and a member of the Aspen Global Leadership Network.

**Abigail English, JD**

Abigail English, JD, Director of the Center for Adolescent Health & the Law, is a researcher and advocate for the rights of vulnerable young people. She has litigated to enforce the legal and health rights of adolescents, lectured widely, and taught courses in public policy, law, and public health. In 2010-2011, she was a Fellow at the Radcliffe Institute for Advanced Study, studying sexual exploitation and sex trafficking of adolescents and young adults. In 2012-2013 she was a member of the Institute of Medicine Committee on Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States.

**Kenya Fairley, MS**

Kenya M. Fairley, MSEd, CD(DONA) joined the Family Violence Prevention and Services Act (FVPSA) Program in December 2016. Bringing a range of experience in domestic violence intervention, prevention, and awareness for over 16 years. Kenya has served in leadership roles at the National Resource Center on Domestic Violence and at the Administration for Children's Services in New York City implementing a workforce institute initiative to over 6,200 child welfare social workers. Her passion for addressing domestic violence extends into elder abuse, runaway and homeless youth, HIV/AIDS, workplace violence, and women of color leadership. Kenya is also a birth doula.

**Elsa Falkenburger, MPA**

Elsa Falkenburger is a Research Associate at the Metropolitan Housing & Communities Policy Center at the Urban Institute. Her research focuses on the Center’s new program on neighborhoods and youth development. She has experience working on place-based initiatives and community development, juvenile justice, and program and organizational evaluation and performance measurement. Her current research stems from past Metro projects evaluating HOPE VI and the Movement to Opportunity.
Erin Falvey, PhD
Erin Falvey, PhD is the Executive Director at Christie’s Place, a non-profit organization in San Diego County that provides comprehensive social services closely linked to primary care for women, children, and families living with HIV/AIDS. She is a licensed Marriage and Family Therapist and has been practicing psychotherapy in San Diego since 2004. Recently in June 2016, Dr. Falvey was a panelist on Implementing the National HIV/AIDS Strategy: Advances, Accomplishments, and Future Actions for Women at the United State of Women White House Office of National AIDS Policy event in Washington, DC.

Emily Fanjoy
Emily Fanjoy is the Oregon Safer Futures Project (OSFP) Coordinator at the Tillamook County Women’s Resource Center in Tillamook, OR where she coordinates the community based advocate and healthcare partnerships. OSFP funds community based advocates in health care settings to reach pregnant and newly parenting women who are victims of IPV. Her previous work includes D/SV survivor advocacy as well as case management and interpreting in a community health clinic. Emily is a Returned Peace Corps Volunteer, Healthy Homes, Guatemala 2008-2010. She lives in a solar powered cabin and keeps bees with her partner at their coastal homestead.

Janet L. Fanslow, BSc, PhD
Janet Fanslow, PhD, is the Co-Director of the New Zealand Family Violence Clearinghouse and Associate Professor in Mental Health Promotion at the School of Population Health, University of Auckland. She is principal investigator of the New Zealand Violence against Women Study, and the author of the NZ Ministry of Health’s Family Violence Intervention Guidelines Child and Partner Abuse and “Beyond Zero Tolerance: Key issues and future directions for family violence work in New Zealand”. Janet has published extensively on the health impacts of intimate partner violence and has a strong interest in the development of healthy, respectful relationships.

Theresa M. Fay-Hillier, DrPH, MSN, PMHCNS-BC
Theresa Fay-Hillier, DrPH, MSN, PMHCNS-BS, an Assistant Clinical Professor at Drexel University, earned her Doctorate degree from Drexel University’s School of Public Health and her Master’s Degree from University of Pennsylvania. She is a certified Clinical Nurse Specialist in Psychiatric and Mental Health Nursing and is certified in completing Danger Assessments with victims of IPV. She traveled to Bolivia to provide consultation and education to judges, prosecutors, and forensic psychologists to enhance the evaluation of sexually assaulted youth and to explore strategies for successful prosecution of the offenders. The focus of her research is on RNs experiences in addressing IPV.

Nayck Feliz, MA
Nayck Feliz, MA is a research assistant in the Division of Adolescent Medicine, Children’s Hospital of Pittsburgh. He earned an MA in cultural anthropology at Temple University. He is currently a member of Dr. Elizabeth Miller’s research team aiding in the evaluation of numerous projects one of which includes a U01, Engendering Healthy Masculinities to Prevent Sexual Violence, a gender transformative study targeting African American male adolescents from community-based youth servicing agencies in western Pennsylvania.

Joslyn Fisher, MD, MPH, FACP
Joslyn W. Fisher, MD, MPH, FACP is Associate Professor and Associate Chief of the Section of General Internal Medicine, Ben Taub General Hospital, Baylor College of Medicine in Houston, Texas. As a clinician educator, her academic focus is on women’s health and in particular, intimate partner violence. She co-founded the VIVA Project & Clinic at Harris Health System to increase awareness of and services for survivors of domestic violence. She is Medical Director for the Adult Forensic Program at Harris Health System. She serves on the local board of Aid to Victims of Domestic Abuse (AVDA).

Lisa Fleming, MSW
Lisa Fleming, MSW, Chief Operating Officer for Rose Brooks Center has 26 years of domestic violence advocacy, leadership, and program development experience. Under her leadership, Rose Brooks Center established a hospital-based advocacy program, a school-based violence prevention program, the Center’s transitional and rapid re-housing programs, a lethality assessment program for first responders, and a shelter for survivors’ pets. Areas of expertise and experience include accessibility and responsiveness to survivors with disabilities, voluntary service and low barrier rules model in residential and housing programs, trauma informed care, and organizational response to secondary trauma.

Alison T. Fogarty, BA(Honours), PhD candidate
Ali is a Clinical Psychology PhD student at Swinburne University, Melbourne Australia. She is currently completing her PhD thesis in partnership with the Murdoch Children’s Research Institute in Melbourne in the area of intimate partner violence, with a focus on understanding the maternal experience and promoting positive outcomes for children. Alison is conducting her research under the supervision of Clinical Psychologists Dr Katie Wood and Dr. Jordy Kaufman from Swinburne University of Technology and Dr. Rebecca
Giallo from the Murdoch Children’s Research Institute.

Marilyn Ford-Gilboe, PhD, RN, FAAN
Marilyn Ford-Gilboe, PhD, RN, FAAN is Professor and Women’s Health Research Chair in Rural Health, Arthur Labatt Family School of Nursing, Western University, Canada. For the past two decades, her research has focused on violence against women, health inequities, and place. She currently co-leads studies testing trauma-and-violence-informed interventions for women experiencing intimate partner violence (iHEAL, Reclaiming our Spirits, iCAN Plan 4 Safety) and people living in marginalized conditions (e.g. Equip Health Care, www.equiphealthcare.ca). She is particularly interested in health care approaches that are appropriate for diverse groups of women and families, including those living in rural settings and Aboriginal women.

Kathleen M. Franchek-Roa, MD
Kathleen Franchek-Roa, MD is an Assistant Professor of Pediatrics at the University Of Utah. Dr. Franchek-Roa teaches residents, medical students, physicians, and staff how violence victimization and exposure impacts children’s mental and physical health across the lifespan. Dr. Franchek-Roa is the Chair of the University of Utah Hospital and Clinics Domestic Violence Committee. This Committee has developed guidelines for assisting physicians and staff in the identification of and interventions for patients who are victims of abuse, neglect, and/or exploitation. Through her work on this Committee, the University of Utah health care system is transforming into a trauma-informed system.

Mie Fukuda, Ed M
Mie Fukuda, Ed M, is a Program Specialist in the Children & Youth Program at Futures Without Violence. Prior to joining FUTURES, she lived in San Francisco where she worked as a Japanese Bilingual Preschool Teacher and a Children’s Advocate. As a Children’s Advocate at the Asian Women’s Shelter, Mie provided comprehensive case management and emotional support to children and families surviving domestic violence, sexual assault, and human trafficking. She has a BA in Psychology from the University of San Francisco and a Master of Education in Education Policy and Management from the Harvard Graduate School of Education.

Lily Gadamus, PhD
Lily Gadamus, PhD, is an internal program evaluator for Southcentral Foundation and she serves on a variety of grants addressing trauma, family violence, healthcare integration, suicide prevention, youth development, and holistic wellness. Her PhD is in mixed-methods social science, and she has extensive participatory research experience in collaboration with Alaskan tribes and tribal organizations. Her evaluation work addresses issues of cultural fit and ensures that customer-owner perspectives are included in the evaluation. In her spare time, Lily enjoys skiing with her husband and dog.

Irene D. Gallegos, MPH
Irene Gallegos, MPH is a Bilingual Health Advocate for the Technology Enhanced Screening and Supportive Assistance (TESSA) project in the University of North Texas Health Science Center School of Public Health. She serves as the health advocate primarily located at the Safe Haven domestic violence shelters. She has worked in women’s health in teen pregnancy programs and on various research studies related to health coaching, formerly homeless, infant mortality, and childhood obesity.

Esmeralda R. Garcia, MA
Esmeralda Garcia, MA, is a PhD student in Psychology and Social Behavior at the University of California, Irvine. Her research focuses on women’s health. In 2016, she earned a research grant from the UC Global Health Institute’s Center of Expertise on Women’s Health, Gender, and Empowerment as well as the UCI Initiative to End Family Violence Fellowship for her work with female survivors of domestic violence (DV). The study she is presenting focuses on empowerment, stress, and depression in female DV survivors attending Personal Empowerment Programs. She continues pursuing this line of research with a follow-up study that is underway.

Claudia Garcia-Moreno, MD, MSc
Claudia Garcia Moreno is a physician from Mexico with a Masters of Science (MSc) in community medicine from the London School of Hygiene and Tropical Medicine. After working in primary health care and emergencies in Africa and Latin America, her focus shifted to gender and health. She leads a team working on VAW in the Department of Reproductive Health and Research of the WHO. She coordinated the WHO Multi-country Study on Women’s Health and Domestic Violence Against Women which has been implemented in 20+ countries. She led the development of WHO’s clinical and policy guidelines for IPV and sexual violence.

Lindsay B. Gezinski, PhD
Lindsay Gezinski is Assistant Professor at the University of Utah College of Social Work and a board member for the Utah Domestic Violence Coalition. She holds a PhD in Social Work with a Graduate Minor in Women’s, Gender, and Sexuality Studies from The Ohio State University. Dr. Gezinski has a Master of Social Work and Master of Arts in Public Policy and Management also

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from The Ohio State University. Primarily, her research focuses on low-income women’s participation in informal markets, such as sex work and alternative reproduction. She is particularly interested in the relationship between gender-based violence and sexual health.

Susan Ghanbarpour, DrPH, MA
Susan Ghanbarpour, DrPH, is the research and evaluation lead for the Asian Pacific Institute on Gender-Based Violence. In this role, she provides training, technical assistance, and capacity-building resources to advocates serving Asian and Pacific Islander survivors of gender-based violence. She works to strengthen advocates’ capacity to evaluate their programs, engage in community-based participatory research, and incorporate evidence-based and trauma-informed practices. Her expertise in program evaluation and qualitative research serves to inform local and national projects. Dr. Ghanbarpour’s work is grounded in collaborating with community members to surface, support, and center the knowledge and strengths in culturally-specific and marginalized communities.

Carolyn J. Gibson, PhD, MPH
Carolyn Gibson, PhD, MPH is currently an Advanced Fellow in Women’s Health at the San Francisco VA. She received a PhD in Clinical-Health Psychology from the University of Pittsburgh, and completed an internship at VA Puget Sound. Previously, she earned an MPH from Dartmouth, and worked in women’s health at the National Institute of Mental Health and the Journal of Women’s Health. Her research focuses on women’s reproductive mental health, and her current projects aim to understand the impact of interpersonal trauma and posttraumatic stress disorder on the experience of the menopause transition and healthy aging among civilian and veteran women.

Jillian Gilchrest, MSW
Jillian Gilchrest, MSW, is the Director of Health Professional Outreach for the Connecticut Coalition Against Domestic Violence. A graduate of the University of Connecticut School of Social Work, Ms. Gilchrest has extensive experience advocating for women’s health and safety, in particular influencing public policy. Jillian has worked to address and prevent violence against women in various capacities throughout her career. She currently Chairs the State’s Trafficking in Persons Council for the Connecticut General Assembly.

Gail Gilchrist, PhD
Gail Gilchrist, PhD has more than 20 years national and international addiction research experience. She has led an epidemiological research program on substance use and intimate partner violence (IPV). Her interdisciplinary approach has advanced knowledge on IPV perpetrator typologies and impacted on the identification and response to IPV perpetration in substance use treatment, through “A Framework for working safely and effectively with men who perpetrate IPV in substance use treatment”. She currently holds a National Institute of Health Research Program Grant to develop and test an intervention to reduce IPV perpetration among men in substance use treatment.

Fern Gilkerson, MA
Fern Gilkerson is the Health Education Specialist at PCADV. She coordinates the statewide Medical Advocacy Program Task Force, manages health-related projects, and provides trainings on topics including traumatic brain injury, adolescent relationship abuse, and medical advocacy programming. Fern brings experience as a shelter advocate and twenty-seven years of feminist work for social justice and change. Fern’s two degrees from Antioch College and then Antioch University on women’s studies, and also multicultural feminist teaching praxes, equip her to do the best she can to use an inclusive, multicultural and ecofeminist lens.

Nancy Glass, PhD, MPH, RN, FAAN
Nancy Glass is Professor, Johns Hopkins School of Nursing and Associate Director, Johns Hopkins Center for Global Health.

Sami J. Gloria
Sami J. Gloria is a Safer Futures domestic violence advocate in rural Oregon, serving pregnant and newly parenting survivors. Sami has a BA in Sociology from the University of Hawaii. She is a 200 hour RYT certified yoga instructor with specialized training in prenatal yoga and trauma-informed yoga. She has also been trained by A Window between Worlds as a domestic violence art workshop facilitator. She provides doula and prenatal yoga services for Safer Futures participants and facilitates the Peace at Home support group, in which survivors use art-making, yoga, and mindfulness activities as empowerment tools for healing and learning.
Sadia L. Gonzalez-Santana, BBA, MBA, MA, Psy. D
Extensive managerial experience, proficient expertise as an educator; a seasoned business, high level managerial executive; and health professional skills to perform as a lecturer, clinical health professional, business manager and consultant, and agricultural entrepreneur. The educational, academic philosophy and vision I pursue are aligned with the humanistic nature where the learning process is oriented to and toward the students based on the constructivism theories and the learning theories of Piaget and Vygotsky.

Karen Trister Grace, MSN, CNM
Karen Trister Grace, MSN, CNM, is a PhD candidate at Johns Hopkins University School of Nursing, an Adjunct Instructor at Georgetown University, and is in clinical practice as a midwife at Mary’s Center in DC and Maryland. Her research interests include IPV, reproductive coercion, unintended pregnancy, and health disparities.

Jennifer Gregson, MPH, PhD
Jennifer Gregson, MPH, PhD is a research scientist with the California Home Visiting Program (CHVP) at the California Department of Public Health, leading qualitative, quantitative, and mixed methods program evaluation projects. Previously at CHVP she led Continuous Quality Improvement (CQI) and contributed to Systems Integration projects. She has worked for 20 years in research and evaluation of public health programs in home visiting, public health nutrition, and chronic disease prevention. Jennifer holds masters’ degrees in sociology and public health emphasizing health education; and a doctorate degree in sociology emphasizing inequality and community/urban sociology.

Kristin K. Gundersen, MSW
Kristin K. Gundersen, MSW is a Research Program Manager in the Division of Global Public Health at the University of California, San Diego, overseeing multiple research studies on intimate partner violence and various health outcomes among vulnerable populations. Kristin has an extensive background in managing and implementing mixed methods research studies and community-based interventions, both nationally and internationally. Formerly, a Research Fellow at the University of Southern California, Kristin conducted studies on trauma, sexual violence, and rape culture. Additionally, Kristin is the co-founder of a nonprofit organization that seeks to empower survivors of gender-based violence globally.

Catherine A. Gutfreund, MD
Catherine Gutfreund, MD is a Family Physician with Kaiser Permanente (KP) in Northern California. She is a Domestic Violence Champion for her facility. She is involved with legislative issues and health care policy, representing KP as a board of trustee for the California Medical Association. She is a graduate of the Medical College of Georgia in 1991, nearly completed a HNS residency in the U.S. Army. She then completed her Family Medicine at Henry Ford Medical Center in 2000. She is board certified in Integrative Medicine and Acupuncture, is the regional Vice Chair of Complementary and Alternative medicine for KP.
Maria Gutierrez, BS, MPA
Maria Gutierrez, received bachelor’s degree in healthcare administration and masters degrees in public administration with a certificate in employer-employee relations. Presently, she works full time as the Supervisor of Behavioral Health Call Center at Kaiser Permanente. She has worked at numerous projects including program implementation, project facilitator, policy analysis, curriculum development, and is currently working on a workflow involving case management best practices. She is a member of the Family Violence Prevention Program at Kaiser Permanente and coordinates the annual awareness fair in Orange County.

Christine Hagion-Rzepka, MPH, CHES, PhDc
Christine Hagion-Rzepka, a DV/SA survivor, graduated cum laude from San Jose State University with a degree in Health Science, earning her masters in Community Health Education from the same institution. A Certified Health Education Specialist since 1995, she founded The Ripple Effect, a non-profit organization dedicated to the prevention of abuse. Christine has provided direct service to victims and survivors of domestic violence for over 15 years, and has been doing research on the topic since 1987. She is the author of Beyond Battering: The Long-Term Effects of Domestic Violence, and is a frequent presenter at professional conferences.

Julia Hanes, LSW, MSW
Julia Hanes, LSW, is an IPV Specialist with Lutheran Settlement House. As the IPV Specialist, Julia is the on-site crisis counselor for survivors of intimate partner violence at St. Christopher’s Hospital. Through LSH, Julia conducts trainings about IPV, teen dating violence, trafficking, and self-care. Julia earned a Masters in Social Work from New York University where Julia received specialized training in working with victims and survivors of IPV, sexual assault, including LGBTQ and trafficked populations. Julia is currently in press for being published in the Public Health Encyclopedia: Principles, People, and Programs and has presented at the Trans Health Conference.

Natalie Hart, MS, RN, PMHNP-BC
Ms. Hart is an Assistant Professor in the Undergraduate Nursing Program at Coppin State University in Baltimore, Maryland. She is a Board Certified Adult Psychiatric & Mental Health Nurse Practitioner. Ms. Hart is a doctoral student, entering her final semester in the Doctor of Nursing Practice Program at Wilmington University. Her research trajectory includes evidence-based healthy adolescent relationships education programs, behavioral health faculty practice, and community-based health education initiatives. She currently serves on the Baltimore City Health Department, Dating Matters, Community Advisory Board.

Chelsie Haunga, MA
Chelsie Haunga, MA, is the Program Manager for the Hooikaika Program at Domestic Violence Action Center. Chelsie, a Native Hawaiian shares the gift of her education in Human Services with the Native Hawaiian population in her role at DVAC where Native Hawaiian survivors find a place to ground themselves in the strength of their past and possibilities of their future. Chelsie has served survivors for over 15 years including orphan children, domestic violence survivors, families suffering in poverty conditions, and risk youth. Chelsie is grateful to have been in the presence of each person in her professional and personal life.

Kelsey Hegarty, MBBS, FRACGP, PhD
Kelsey Hegarty is an academic general practitioner who holds a joint Chair of Family Violence Prevention as a Professor at the University of Melbourne and the Royal Women’s Hospital, Victoria. Her current program of research includes screening and brief interventions in health care and through the use of technology for IPV survivors, men who use violence, and children exposed to domestic violence; the links between partner abuse and depression; educational interventions around identification of partner abuse in health settings.

Ed Heisler, BA
Ed Heisler is the Executive Director of Men as Peacemakers in Duluth, Minnesota. He has extensive experience developing sexual and domestic violence prevention programming and mobilizing and engaging men to reduce the violence and exploitation of women and girls. Ed completed his BA, a double major in Peace Studies and English from St. John’s University, drawing from a year of in-depth immersion experiences studying conflict, social change and social equality in Belfast, Ireland and at the prestigious historically African-American, Morehouse College.

Leah Hellerstein, BS
Leah Hellerstein, BS is a second year MD-MPH student at the University of Miami Miller School of Medicine (UMMSM). She graduated from Cornell University in 2014, with a Bachelor of Science in Human Biology, Health, and Society and a minor in Global Health. After graduating, Leah worked for a year at Weill Cornell’s Department of Healthcare Policy and Research. Leah plans to practice both medicine and public health in her career, in order to increase access to health care and positively impact the lives of others.
Joanna Hemmat, MSN, MPH, RN
Joanna Hemmat is the Assistant Director of Patient Care Services for School Health and Maternal Child Health at the Fairfax County Health Department. She is responsible for planning, directing, and evaluating services provided in school health, immunizations, maternal child health home visiting, and the Women, Infants, and Children Nutrition Program (WIC) for the largest health district in Virginia. Joanna holds a Master of Public Health and a Master of Science in Nursing as well as Bachelors’ of Science degrees in Nursing and Nutrition. She has 25 years of experience as a nurse, 22 of which have been in public health.

Martha Hernandez-Martinez, MPA
Martha Hernandez-Martinez, MPA, serves as the Program/Research Manager at the National Latin@ Network. Her role is to conduct research, develop tools, and provide support to the technical assistance and policy arms of the NLN. She is originally from Managua-Nicaragua, where she holds a License in Psychology from the National Autonomous University of Nicaragua. Martha also holds a Master in Public Affairs from the Humphrey School of Public Affairs, University of Minnesota. Her work focuses on the intersection of gender, intimate partner violence, Masculinities (Global South perspective), and the impact of public policies on women’s lives.

Elaine M. Hewins, CSW
Elaine M. Hewins, CSW, DVS is the DV Education and Awareness Program Coordinator at RWJ University Hospital, with 27 years of DV experience. At RWJ, she coordinates and presents various programs to address D/SV, such as «NO MÁS Violencia», a tiered initiative to address D/SV in the Latina community, “Domestic Violence & the Role of the Healthcare Provider: Assessment and Intervention Strategies” seminars for healthcare providers, which educated over 1700 healthcare providers on how to screen and refer patients. Elaine co-authored a White Paper on this topic, and presented at the National Conference on Health & Domestic Violence in 2015.

Christine Heyen, MA
Christine Heyen, MA, coordinates Oregon’s Safer Futures Project. Her commitment is to changing how systems respond to violence against women. She holds a MA in Community Counseling and draws on twenty years of social service and criminal justice experience. Christines achievements include securing funding for a specialized domestic violence court and Safer Futures, an initiative to improve access to advocacy services to women in health care settings. Her expertise includes training criminal justice professionals about domestic violence, developing victim-centered programs, cultivating statewide partnerships, and building capacity within systems for sustainable change to improve their responses to violence against women.

Amy Hill, MA
Amy Hill is a trainer and consultant on the ethics and practice of strategic storytelling and participatory media for public health, community development, and human rights. After spending 12 years coordinating women’s health and violence prevention projects throughout California, she founded StoryCenter’s Silence Speaks initiative, which since 2000 has employed oral history, facilitative filmmaking, and popular education strategies to support people in sharing personal stories that document injustice and promote individual, community, and policy change. Amy holds a BA in British & American Literature from Scripps College and a Master’s degree in Gender Studies from Stanford University.

Amber L. Hill, MPH
Amber Hill is a second year medical student at the University of Pittsburgh School of Medicine with an MSPH from Johns Hopkins School of Public Health. Prior to attending medical school, she worked as a researcher at the Global Women’s Institute at The George Washington University. In addition, she has experience working for PAHO, WHO, IPPF, and USAID. She also spent time working on local community health projects in rural Guatemala and Sierra Leone.

Janice Hill-Jordan, PhD
Jan Hill-Jordan, PhD, is a research instructor with the Department of Psychiatry. She was a co-evaluator for the Multisite Evaluation of the Multidisciplinary Team (MDT) Approach to Violence Against Women in Illinois. She was an evaluator for the St. Louis County Greenback Initiative to Address Domestic Violence and Child Maltreatment for the Family Court of St. Louis County. She is a reviewer for the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Model Programs Guide. Jan earned her doctorate in criminology and criminal justice from the University of Missouri-St. Louis in 2008.

Rebecca J. Hoffmann Frances, LMFT
Rebecca Hoffmann Frances, LMFT is the Director of Clinical Innovation at Maine Behavioral Healthcare and an Assistant Clinical Professor of Psychiatry at Tufts University School of Medicine. Ms. Hoffmann Frances manages large federally funded projects that focus on providing care and treatment for children and families that have been exposed to violence and trauma. In addition she oversees and advises innovation activities within her agency to ensure successful implementation and change
management. She is a licensed marriage and family therapist with extensive knowledge of trauma and its effects on children and families as well as implementation science and change management.

Charvonne N. Holliday, PhD, MPH
Charvonne N. Holliday, PhD is a second-year postdoctoral fellow in the Population, Family, and Reproductive Health Department at the Johns Hopkins Bloomberg School of Public Health. Dr. Holliday’s research focuses on intimate partner violence and women’s sexual and reproductive health, including underlying racial/ethnic disparities and social determinants of health. She has recently extended her research activities to engage men as perpetrators of violence to gain a greater understanding of the risk factors and health impacts of partner violence.

Leesa Hooker, MHSc, PhD
Leesa Hooker, PhD is a Maternal & Child Health (MCH) nurse, midwife, and academic at the La Trobe Rural Health School in Bendigo, Victoria, Australia. She has been working in the area of women’s and children’s health for more than 20 years and finished her PhD titled Strengthening MCH nurse practice for vulnerable families, especially those experiencing family violence, in 2016. Her research interests include intimate partner violence, women’s health and improving health care service response to abused women and children.

Leslie Hott, MA
Leslie Hott has over 20 years of Human Resources and is the Manager of Human Resources at the University of Maryland St. Joseph Medical Center, where she is responsible for counseling management on employee relations issues, compliance investigations, policy development, implementation and organizational training. Leslie holds a Bachelor’s degree in English Literature from York College and is working to complete her Master’s Degree in Human Resources Administration. She is also a member of the Society for Human Resource Management.

Cecilia H. Huang, BS
Cecilia Huang, BS, is a second-year medical student at the University of Pittsburgh School of Medicine. She graduated magna cum laude from the University of Pittsburgh in 2011 with a BS in Neuroscience. For the past 5 years, Cecilia has been a volunteer Hotline Advocate at the Women’s Center and Shelter of Greater Pittsburgh; she has been involved in intimate partner violence research for 2 years. She is interested in obstetrics/gynecology and family medicine and is currently researching IPV and pregnancy intention screening at obstetrics visits.

Alesha Istvan, MA, PhD
Alesha Istvan is the Senior Director of Program Operations at Break the Cycle, based in Los Angeles, CA. She has more than 12 years of experience working to end gendered violence and has a passion for integrating program planning and evaluation. Prior to joining Break the Cycle, Istvan worked as the Prevention Director at Texas Council on Family Violence. Her previous experience includes roles as an executive director of a rape crisis center, a victim’s advocate, and a university lecturer and researcher. She has a Masters in Women’s Studies and will be graduating with a PhD in Sociology December 2017.

Amy E. Jackson, MPH, LCSW
Amy E. Jackson, the City’s Blueprint for Safety Interagency Coordinator, coordinates and implements the Blueprint for Safety, a criminal justice domestic violence response policy. The Blueprint for Safety Interagency Coordinator is a licensed social worker with a dual Master’s Degree in Public Health and Social Work from Tulane University. Prior to her role at New Orleans Health Department, she was employed at the Orleans Parish District Attorney’s Office as a domestic violence victim advocate in both criminal and municipal courts.

Maliha Janjua, MSW, LSW, DVS
Maliha Janjua, MSW, is a Licensed Social Worker and a certified Domestic Violence Specialist. She joined Women Aware in 2010 as a case manager for the Safe House Program. In her current role as the Director of Client Services, she supervises the legal advocacy, Peace: A Learned Solution (PALS) and Domestic Violence Liaison Programs. Ms. Janjua has worked in the capacity of Domestic Liaison to the Middlesex County DCP&P offices and Women Aware. Ms. Janjua has developed and provided training on various topics related to educating DCP&P staff on the dynamics of domestic violence. She is bilingual in Urdu.

Lenore R. Jarvis, MD, MEd
Dr. Jarvis is a pediatric emergency medicine attending at Children’s National Health System (CNHS) and a faculty member for the George Washington University with a research focus on screening and advocacy for vulnerable patient populations within her Emergency Department practice. Dr. Jarvis created the grant-funded “Help for Victims of Violence Collaboration” that involves collaborating with multiple CNHS divisions and community partners to address resources, screening, and education for victims of violence. To provide sustainable community impact and improved outcomes for patients, Dr. Jarvis collaborates with social work and multiple community partners to provide real-time interventions for positive domestic safety screens.
Martina Jelley, MD, MSPH
Martina Jelley, MD, MSPH, FACP is a professor and Vice Chair for Research in the Department of Internal Medicine at University of Oklahoma School of Community Medicine. Following medical school and residency at OU, she completed a fellowship in general IM and Master of Science in Public Health at CU-Denver. Dr. Jelley is chair of OUHSC IRB and served as interim chair of her department. She has research interests in health effects of violence and abuse, smoking cessation, and preventive medicine. Recently she is teaching residents how to address effects of adverse childhood experiences in adult patients using simulation.

Audrey A. Jiricko, MD
Audrey Jiricko, MD is an obstetrician/gynecologist who is Co-Chair of Intermountain HealthCare Intimate Partner Violence Work Group. She has a keen interest in public health and is optimistic about improvements in health when healthcare providers and systems integrate with community resources. She sees steady progress working as a physician and a board member of the Utah Domestic Violence Coalition and the YWCA Utah.

Tina Jiwatram-Negrón, PhD
Tina Jiwatram-Negrón, PhD, is a Postdoctoral Researcher at the University of Michigan School of Social Work. Her scholarly interests focus on different intersections of gender-based violence including HIV, HIV risk behaviors (e.g., sex trading), and mental health outcomes. She has a specific interest in developing and testing interventions to redress violence against women, both domestically and internationally, with an emphasis on low-resource settings and among marginalized women. Dr. Jiwatram-Negron completed her doctoral training at the Columbia University School of Social Work in the advanced clinical practice research track, and previously worked at multiple community mental health and DV non-profit organizations.

Taneekah M. Johnson, BA
Taneekah Johnson, BA is a program developer, trainer, and entrepreneur and with over 15 years of non-profit management. Best known for her curriculum development, organization, and facilitation skills, Taneekah has created and facilitated trainings around Sexual Assault Prevention, Intimate Partner Prevention, Motivational Interviewing, Substance Abuse Prevention, Self-Care, HIV/AIDS, and Marijuana and the Teenage Brain. Mrs. Johnson is a dynamic speaker and motivational advisor who brings energy and light to her work at the Massachusetts Department of Public Health, in the Division of Sexual and Domestic Violence Services.

Freda K. Johnson, LCSW, C-SWHC
Freda K. Johnson is a Medical Specialty Social Worker at Orlando VA Medical Center (OVAMC) Department of Veteran Health Administration. She has served the veteran population for the past nine years. Ms. Johnson currently works within OVAMC’s Infectious Disease clinic where she case manages veterans who have difficulty managing their disease, co-write and manage grants improving access to care and services for veterans living with HIV. She holds a BSW and MSW from University of Central Florida. Ms. Johnson is a member of the National Association of Social Workers and affiliate member of the Association of Nurses in AIDS Care.

Dana Johnson, JD
Dana Johnson is the Enforcement Manager of the San Francisco, Oakland and San Jose offices of the Equal Employment Opportunity Commission. She oversees investigations of charges of employment discrimination in Northern California and Northern Nevada. She began her employment with the Commission as a trial attorney in the Los Angeles District Office in 1999. She joined the legal unit of the San Francisco District Office in 2008. As an attorney for the Commission, she litigated individual, multi-claimant, and pattern or practice cases against private employers.

Kelley A. Jones, PhD, MPH
Kelley Jones, PhD, MPH, is a postdoctoral associate at the University of Pittsburgh and Children's Hospital of Pittsburgh of UPMC. Her research focuses on adolescent and young adult sexual and reproductive health, with a particular focus on the impact of partner violence on sexual health. Her previous work has included both clinic-based and national samples of young women to assess partner influence on contraceptive use, unintended pregnancy, and STIs.

Katie M. Jones, MSW
Katie Jones, MSW, is a Public Health Advisor at the Centers for Disease Control and Prevention (CDC), in the Division of Violence Prevention. She works on the Rape Prevention and Education (RPE) Program and various special projects, including the U.S. Air Force Violence Prevention Training Project and the National Intimate Partner and Sexual Violence Survey Work Group. She is an author on the STOP SV Technical Package, released by CDC in April 2016. She previously worked at the Indiana State Department of Health as the Women's Health Director and RPE Director.
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<tr>
<th>Name</th>
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<tr>
<td>Michelle Jorden, MD</td>
<td>Dr. Jorden graduated the Feinberg School of Medicine at Northwestern University, and has been in practice for 17 years. She completed her residency at Stanford and another postgraduate fellowships at Cook County Medical Examiner’s Office in Chicago. Dr. Jorden is Board-certified in neuropathology, forensic pathology, and anatomic pathology; one of less than 25 such elite pathology professionals in the U.S. She is currently the Interim Chief Medical Examiner for Santa Clara County, and Assistant Clinical Professor at Stanford School of Medicine, Pathology Department. Dr. Jorden also chairs the Child Death Review Team for the Child Abuse Council.</td>
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<td>Jane Kato-Wallace, MPH</td>
<td>Jane Kato-Wallace is the Director of Programs at Promundo. Her experience centers on program development, training, and research related to engaging men and boys. She played a large role in the development of the Global MenCare Campaign, and currently trains international partners on implementing Program P, a gender-transformative approach to engaging men as caregivers. Jane has co-authored several publications and reports related to men, boys, and gender equality. Jane’s previous work experience includes conducting public health research with Columbia University and EngenderHealth on the U.S.-based Gender Matters program. Jane has a Master’s degree in Public Health from Columbia University.</td>
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<td>Diya Kallivayalil, PhD</td>
<td>Diya Kallivayalil, PhD, is a staff psychologist at the Victims of Violence Program at Cambridge Health Alliance and the trauma consultant for the Department of Psychiatry. She is an Assistant Professor in the Department of Psychiatry at Harvard Medical School. Her clinical specialty is in the treatment of trauma-related disorders. Her research is also broadly concerned with psychological trauma. She has published in the areas of complex trauma, gender-based violence, homicide bereavement, and refugee health. She is the co-author of the Trauma Recovery Group (2011) published by Guilford Press.</td>
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<td>Claire E. Kelling</td>
<td>Claire Kelling, PhD Student at Penn State, is studying statistics as a Distinguished Graduate Fellow at Penn State University. She recently graduated with degrees in Statistics and Economics and minors in Women’s &amp; Gender Studies and Women’s Leadership from Virginia Tech. She has been named a White House Champion of Change for her activism in preventing and responding to sexual assault. She is designing research for her dissertation based on the intersection of criminology, public health, population science, and statistics. Ms. Kelling is creating ways to better respond to sexual assault by understanding prevalence and the survivor support network dynamics.</td>
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<td>Naira Kalra, M Phil</td>
<td>Naira Kalra is a doctoral student at the Johns Hopkins Bloomberg School of Public Health whose research interests span the areas of social epidemiology, implementation research and evidence-based interventions with a focus on addressing violence against women. Her current research looks at the impact of distributing clean cookstoves on gender-based violence in refugee camps in Rwanda. In addition to this, she has worked as a research consultant for many international organizations and academic institutions including the World Health Organization, the World Bank, UCL, LSHTM, and Georgetown University to name a few.</td>
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<td>Minouche Kandel, Esq.</td>
<td>Minouche Kandel is the Director of Women's Policy at the San Francisco Department on the Status of Women (DOSW), where she helps to coordinate San Francisco's response to domestic violence and human trafficking. Minouche staffs the San Francisco Mayor's Task Force on Anti-Human Trafficking and the Family Violence Council. She helps craft domestic violence and human trafficking policies and protocols for San Francisco, and develops trainings on domestic violence and human trafficking. Minouche got her BA from Yale University and her JD from Harvard Law School.</td>
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<td>Ursula A. Kelly, PhD, APRN, ANP-BC, PMHNP-BC</td>
<td>Ursula Kelly, PhD, is the Nurse Scientist at the Atlanta VA Medical Center and Associate Professor at Emory University School of Nursing. She has over 20 years of experience working with women survivors of interpersonal violence as a researcher and a clinician. Her work has focused on the physical and mental health effects of intimate partner violence (IPV) on immigrant Latinas.</td>
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and on women veterans who experienced military sexual trauma (MST), particularly chronic pain, sleep disturbances, and the psychophysiologic and biologic impacts of trauma. She is currently conducting a 4-year study of yoga for PTSD in women veterans with MST.

**Birgit O. Kelly, MSW, LICSW, PhD**
Birgit Olsen Kelly, MSW LICSW, PhD is the Associate Director of Clinical Services at Tubman, a multi-service social service agency in the Twin Cities, MN. She has worked in the trauma field for 30 years as a direct provider (therapist, social worker, case manager) and in administrative and educational roles. She has focused her practice on trauma and specifically exploring and practicing strategies to reduce the negative impact of vicarious trauma on an organizational level. Her work has included education and implementation of practices to support community building in teams and overall organizations to mitigate the impact of VT.

**Lisa Kim, MPA**
Lisa Kim, MPA, is the Senior Program Specialist at Futures Without Violence for Workplaces Respond, a program dedicated to enhancing workplace safety and economic security for low wage workers. Prior to joining FUTURES, she was a Program Officer with The Asia Foundation and based in Phnom Penh, Cambodia. Lisa has a Master of Public Administration from Columbia University’s School of International and Public Affairs (SIPA), specializing in community development and nonprofit management.

**Kenneth Kim, PsyD**
Ken is the Clinical Director at the Glide Foundation. GLIDE’s mission is to create a radically inclusive, just and loving community mobilized to alleviate suffering and break the cycles of poverty and marginalization.

**Leigh Kimberg, MD**
Leigh Kimberg, MD is a Professor of Medicine and the Director of PRIME-US (Program in Medical Education for the Urban Underserved) at the University of California, San Francisco (UCSF.) She graduated from Harvard Medical School and completed a primary care medicine residency at San Francisco General Hospital, UCSF. She has practiced primary care in safety-net settings for over two decades. Dr. Kimberg coordinates intimate partner violence (IPV) and family violence prevention programs for the San Francisco DPH. She is the principle investigator of the federally funded ARISE program. She maintains an IPV prevention website for healthcare providers at www.leapsf.org.

**Kristi Ketchum, LCSW**
Kristi Ketchum, LCSW, is the Domestic Violence Coordinator at the VA Portland Health Care System in Portland, OR. She spearheaded the development of the VA Portland IPV Assistance Program including implementing screening protocols for veterans experiencing violence. Kristi chairs the DV/IPV Advisory Group and sits on the Multnomah County Family Violence Coordinating Council. Kristi is also an outpatient neurology social worker specializing in Parkinson’s disease and dementia. She received her Master’s Degree in Social Work from Portland State University in Portland, OR and her undergraduate degree in Women’s Studies from Antioch College in Yellow Springs, OH.

**Angubeen G. Khan, BA**
Angubeen Khan is a graduate student at the School of Public Health at the University of Michigan. She received a bachelor’s degree from the University of Michigan with a major in international studies and a minor in religious studies. Her research interests include understanding the influence of culture and religion on family planning decisions and intimate partner violence in Arab, South Asian, and Muslim immigrant populations in the U.S, and developing interventions that are sensitive to the cultural and religious norms in those communities.

**M. Alexis Kennedy, PhD, JD**
Alexis Kennedy received her LL.B. from the University of Manitoba, Canada, in 1993 and her PhD in forensic psychology from the University of British Columbia, Vancouver, Canada, in 2004. Her areas of interest include child abuse, sexual assault, body image, and prostitution. Her doctoral dissertation on cross-cultural perceptions of child abuse won two American Psychological Association awards (Divisions 37 and 41).

**Birgit Olsen Kelly, MSW LICSW, PhD**
Birgit Olsen Kelly, MSW LICSW, PhD is the Associate Director of Clinical Services at Tubman, a multi-service social service agency in the Twin Cities, MN. She has worked in the trauma field for 30 years as a direct provider (therapist, social worker, case manager) and in administrative and educational roles. She has focused her practice on trauma and specifically exploring and practicing strategies to reduce the negative impact of vicarious trauma on an organizational level. Her work has included education and implementation of practices to support community building in teams and overall organizations to mitigate the impact of VT.

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Leiana Kinnicutt, MSW
For over 13 years, Leiana Kinnicutt, MSW has worked for Futures Without Violence and is currently a Director in the Children & Youth Program. Leiana is a national technical assistance (TA) provider for various federal initiatives focused on improving community responses to violence—both prevention and intervention. Currently, Leiana is providing TA for the U.S. DOJ’s Defending Childhood Initiative and DHHS’ Expanding Services for Children program. Leiana received her BA in Sociology and English from Bowdoin College and her Master’s Degree in Clinical Social Work from Simmons College in May, 2011, with a focus on child and adolescent trauma.

Dana Knoll, MBA
Ms. Dana Knoll, MBA is the Vice President of Administrative Operations at Watts Healthcare Corporation, a Federally Qualified Health Center. She joined the health center in 2007 and has 27 years of experience in health care management having worked in community health, hospitals, and managed care. She considers herself an administrative engineer and is responsible for Patient Registration, Patient Transportation, Outreach and Enrollment, and two Wellness Centers. She also oversees domestic violence and homeless projects and disaster preparedness. She is also the organization’s Corporate Compliance Officer.

Suzanne C. Koepplinger, MA
Suzanne Koepplinger, MA is the director of the Catalyst Initiative at the George Family Foundation in Minneapolis. Previously she served for ten years as the executive director of the Minnesota Indian Women’s Resource Center, where she led the first research, community response, and program implementation in the country to address sex trafficking of American Indian women and girls. She holds a Master’s degree in the Art of Leadership from Augsburg College, and was one of 15 national leaders chosen for the NoVo Foundation’s first Move to End Violence cohort. She has extensive international experience in training and public speaking.

Dawna Komorosky, PhD
Dawna Komorosky, PhD is the Chair of the Department of Criminal Justice at CSU East Bay. Her interests include the link between animal cruelty and other types of crime and corrections. Her background includes a Masters in Psychology from Chapman University with an emphasis on marriage and family therapy, and PhD in Criminology from Indiana University of Pennsylvania. She has presented and published on the topic of intimate partner violence and animal cruelty. Her professional experience encompasses work as a case manager in the foster care system, advocating for rape survivors, and counseling women and children in domestic violence shelters.

Krista J. Kotz, PhD, MPH
Krista Kotz, PhD, MPH is the Program Director for the Kaiser Permanente Northern California Family Violence Prevention Program. Kaiser Permanente Northern California is a large, staff model, integrated healthcare organization. Dr. Kotz oversees the operational implementation of the Kaiser Permanente «Systems Model» for addressing intimate partner violence in the healthcare setting. This model includes 1) a supportive environment, 2) onsite services, 3) linkages to community resources, and 4) clinician inquiry and referral.

Megan Kovacs
Megan has 10 years of experience coordinating dating, domestic and sexual violence prevention. Megan developed and shaped both local and statewide prevention policy as co-chair of the Prevention Committee for Multnomah County›s Family Violence Coordinating Council and as co-chair of the Prevention and Education Committee for the Oregon Attorney General›s Sexual Assault Task Force. She was integral in the development and passing of the Oregon Healthy Teen Relationships Act. Megan is a 2015 recipient of the Judge Stephen B. Herrell Award for Outstanding Collaborative Efforts in Ending Domestic Violence.

Jane Koziol-McLain, RN, PhD
Jane Koziol-McLain, PhD is Professor in the Department of Nursing and Director of the Centre for Interdisciplinary Trauma Research, Auckland University of Technology. She is a nurse researcher who champions the development of health systems to deliver sensitive, safe, and effective care for women, children, and families impacted by family violence. She works in teams across health disciplines and in collaboration with clinical settings, community, indigenous Maori, and government organizations.

Nanci Kreidman, MA
Nanci Kreidman, MA is CEO and Co-Founder of the Domestic Violence Action Center. Nanci has worked for 35 years addressing domestic violence. Shes served on many committees in the community and through appointment by the Governor, Chief Justice, Mayor and Attorney General. Shes addressed local, national, and international audiences on issues regarding families, women, and children. Nancis been published in Hawaii’s newspapers, interviewed for radio and television and qualified as an Expert in State and Federal Court. YWCA selected Nanci as a Woman Leader in 2010 and in 2008 the Patsy T.K. Mink Foundation
Hillary Larkin, PA
Hillary is an emergency medicine Physician Assistant with over 25 years clinical and leadership experience. She founded the Alameda County SART Team at Highland Hospital in 1994, which today has 19 forensic medical examiners. She is actively involved in original research. She is the Co-chair of the domestic violence fatality review team that has been collecting data for over 20 years. She has been a part of the development of the local Family Justice Center and she has just completed the development of an electronic DV mandated report form to simplify the reporting process and connect more victims to comprehensive services.

Kate Lawler, MPH, M.Div, ICDVP
Kate Lawler is the first Director of the Violence Prevention Program at Swedish Covenant Hospital Chicago, where she has launched the program. This program seeks to strengthen hospital response to domestic violence, sexual assault, and human trafficking and works with the emergency department, inpatient departments, immediate care clinics, and outpatient practices. Lawler served for seven years in Argentina as Regional Representative for South America of the Evangelical Lutheran Church in America. Her work focused on DV, human trafficking, health education, and women’s leadership development. Kate directed Children’s Aid Society’s Health Care Access Program in New York City for 10 years.

Kiara Lee, MSW
Kiara Lee, MSW, is a Confidential CARE Advocate at UC Berkeley. Kiara is a social worker passionate about creating more opportunities and outlets for healing. For the past ten years, Kiara has worked to support and advocate for survivors of sexual and intimate partner violence. Kiara believes that breaking down systematic oppression starts with cultural and societal change. Kiara acknowledges that self-care and healing is a radical act of resistance and wants to make space for survivors to engage in this.

David Lee, MPH
David S. Lee, MPH, is the Director of Prevention Services at the California Coalition Against Sexual Assault (CALCASA). David manages PreventConnect, the nation’s leading online community to advance primary prevention of sexual and domestic violence. David has been involved in the movement to end sexual assault and domestic violence since 1982 working with a variety of local sexual assault and domestic violence prevention agencies. He completed his Masters in Public Health at University of California Berkeley in Community Health Education focusing on violence prevention.
Nina S. Livingston, MD
Nina Livingston, MD is the Co-Director of the Children’s Center on Family Violence, a program that is a partnership between the Connecticut Coalition Against Domestic Violence and the Injury Prevention and Child Abuse Programs at Connecticut Children’s Medical Center. The Center is a program of the Office for Community Child Health at Connecticut Children’s. Dr. Livingston is also the Director of the Division of Child Abuse Pediatrics at Connecticut Children’s, and an Assistant Professor of Pediatrics at the University of Connecticut School of Medicine.

Linda Locke, CNM, MPH, LSW, FACNM
Linda Sloan Locke, CNM, MPH, LSW, FACNM is Chair of the NJ Health Cares About Domestic and Sexual Violence Collaborative. Her experience includes: Chief of Midwifery at regional medical center, midwifery in private practice, community clinic/hospital settings, and nursing and midwifery faculty. She has served on the NJ Blue Ribbon Panel on Black Infant Mortality, NJ Board of Medical Examiners Midwifery Committee, the Northern NJ MCH Consortium (member, BIMR Board and FIMR), and the ACNM Diversity-Inclusion Task Force. Currently practicing both midwifery and social work, she is the current President of the NJ Affiliate of ACNM, and is on the Board of NJCASA.

Deirdre Lok, JD
Deirdre Lok is the Assistant Director and General Counsel for The Weinberg Center for Elder Abuse Prevention. She manages the shelter operations and legal services. An Adjunct Professor at Brooklyn Law School, she co-directs the law school’s HELP Clinic. She is a frequent speaker on the issue of elder abuse and the law and has lectured at various New York area law schools. Ms. Lok is appointed to the Age-Friendly NYC Commission, is co-chair of the ABA’s Senior Lawyer’s Division, Elder Abuse Prevention Taskforce, and is Chair of the Policy and Procedure Subcommittee of the NYS Committee on Elder Justice.

Edward Machtinger, MD
Edward Machtinger, MD, is a Professor of Medicine and Director of the Women’s HIV Program at the University of California, San Francisco (UCSF). The focus of his research, advocacy, and clinical innovation has been towards developing, implementing and evaluating a scalable model of trauma-informed primary care. In partnership with the Robert Wood Johnson Foundation, he now leads a national demonstration site of trauma informed primary care at UCSF. His team is conducting among the implementation studies of this powerful model, with the goal of publishing an evidence-based scalable blueprint any clinic can use to implement trauma-informed primary care.
Christopher C. Mackowiak, PhD
Christopher Mackowiak, PhD, is a psychologist and program manager of the Safing Center, a specialty mental health outpatient clinic at the Edith Nourse Rogers Memorial veterans Hospital located in Bedford, MA. The Safing Center uses a recovery-oriented, Veteran-centered approach during treatment and prevention of intimate partner violence. His interests include group and community-based promotion of healthy relationships, feminist and gender-sensitive therapies, positive masculinity, and men’s experience of gender role conflict.

Gibran Mancus, MSN-Ed, RN
Mr. Mancus, is a second-year doctoral student in the Community and Public Health Department at Johns Hopkins School of Nursing. A nurse by training, Mr. Mancus is interested in the intersection of population level factors of the built environment and the effects of climate change on health outcomes. Specifically, his dissertation research explores vegetation or greenness of urban neighborhoods as a factor of resilience to violence.

Melinda Manning, JD, MSW
Melinda Manning, JD, MSW is the director of UNC Hospital’s Beacon program. She coordinates a multidisciplinary team that works with patients and hospital employees experiencing child maltreatment or intimate partner violence. She’s presented at numerous conferences about intimate partner violence, ethics, victim advocacy, and substance abuse. She was previously assistant dean of students at UNC-Chapel Hill. In this role, she created new options for survivors of intimate partner violence and a program to teach faculty and staff how to become “informed allies” for survivors. Melinda was featured in a documentary on college sexual assault, “The Hunting Ground.”

Anne Mantini, PhD
Dr. Anne Mantini, PhD, is a Scientist whose research on trauma, program development and implementation science has expanded over the past two decades with the goal of building equity in health for vulnerable women. Her research program examines the health and mental health of refugees, children and youth, women, and individuals with disabilities. In particular, the intersection of individual, family, community, policy factors and developmental influences supporting intersectoral interventions, is central to her research.

Catherine L. Marrs Fuchsel, PhD, LICSW, LCSW
Catherine Luz Marrs Fuchsel, PhD, LICSW, LCSW is an Associate Professor at St. Catherine University and the University of St. Thomas School of Social Work in St. Paul, MN. Originally from Lima, Peru, Dr. Marrs Fuchsel teaches in the graduate program and is a bilingual (Spanish-English) Licensed Clinical Social Worker. With over 19 years of practice experience working with the Latino population across the country, her research focuses on group interventions for immigrant Latinas experiencing domestic violence. She developed a curriculum and program for immigrant Latinas in group settings for mental health professionals known as the Si, Yo Puedo Program.

Monica Martinez, MFTI
Monica Martinez, MFTI brings over nine years experience as a marriage and family therapist working with survivors of DV. She is proud to work in the field of healing, and currently serves as a Retreat Research and Survivor Support Director at Joyful Heart Foundation. There, Monica guides research that blends traditional mental health practices with holistic methods to develop an innovative curriculum that will change how healers approach trauma relief. Prior to Joyful Heart, she received her Master’s degree in counseling psychology from Mount St. Mary’s College, and served the Los Angeles community in coordinating a county-funded domestic violence program.

Beckie Masaki, MSW
Beckie Masaki has worked in the field to end gender-based violence for over 30 years. In the 1988, she co-founded one of the first programs in the nation that could meet the language and cultural needs of Asian survivors of domestic violence and trafficking, Asian Women’s Shelter (AWS) in San Francisco, and served as the founding executive director for over twenty-one years. Currently Beckie is a co-founder and staff member of a national cultural resource center, Asian Pacific Institute on Gender-Based Violence and is a Movement Maker through Move to End Violence, a project of the Novo Foundation.

December Maxwell, MSW
December Maxwell is a Graduate Student of Social Work at the University of Arkansas, graduating May 2017. Having worked in early childhood for 15 years with a BA in psychology, December returned to obtain her MSW to pursue research and more in-depth social change. With a focus on PTSD, trauma, and sexual violence, she has been researching the potential therapeutic alignments of the process of tattoo for survivors of sexual trauma through qualitative approaches.

Heather L. McCauley, ScD
Dr. Heather L. McCauley is an Assistant Professor of Human Development at Michigan State University. Her NIH-funded work focuses on understanding the contexts of sexual minority women’s
Sara A. McGirr, MA is a Doctoral Student in the Ecological-Community Psychology program at Michigan State University. (Expected PhD completion May 2017) Sara’s research and evaluation efforts focus on community-based methods for examining questions related to gender, women’s reproductive health, and violence against women. Sara is currently a Graduate Assistant at the Michigan Public Health Institute’s Center for Healthy Communities (CHC). As part of CHC’s Adolescent Sexual and Reproductive Health project team, she is involved with needs assessment, evaluation, and training activities for two statewide projects through the Michigan Department of Community Health. Sara has a Masters degree in Ecological-Community Psychology.

Pamela Mejia, MS, MPH
Pamela Mejia is the Senior Media Researcher at Berkeley Media Studies Group, a project of the Public Health Institute. She leads qualitative and quantitative analyses of how media portrays public health and social justice issues, including sexual and family violence and related issues like reproductive justice and childhood trauma prevention. Her research on these and other issues has appeared in the American Journal of Public Health, Critical Public Health, and the Journal of Child Sexual Abuse. She holds a bachelor’s degree in Human Nutrition from Washington State University and Master’s degrees in Biochemistry and Public Health from the UC Berkeley.

Karen A. McDonnell, PhD
Karen McDonnell, PhD is an Associate Professor of the Department of Prevention and Community Health at George Washington University. Dr. McDonnell is a public health program evaluation and implementation specialist with over 15 years’ experience working with community groups, public health agencies, and health care systems both locally and globally. Dr. McDonnell’s expertise lies in using mixed methods to look at complex public health issues and programs. She is leading a team to evaluate gender based violence in immigrant communities, evaluating the National Domestic Violence Hotline/loveisrespect Helpline, taking a public health approach to violence and HIV, and evaluating multi-systems changes.

Brigid McCaw, MD, MPH, MS, FACP
Brigid McCaw is Medical Director of the Family Violence Prevention Program for Kaiser Permanente, Northern California. She oversees the implementation of a comprehensive, coordinated approach for improving screening, identification, and services for family violence. She guides the national Kaiser Permanente efforts in this area, impacting 10 million members. Her leadership, research, and publications focus on a health systems response to family violence and adverse childhood experiences. She received her MD from UC San Francisco, MS and MPH from UC Berkeley, is a Past President of NHCVA, and a member of the National Academy of Medicine Forum on Global Violence Prevention.

Julie Miller-Cribbs, PhD, MSW
Julie Miller-Cribbs, PhD, is director of Adolescent and Young Adult Medicine at Children’s Hospital of Pittsburgh of UPMC, and professor of Pediatrics at the University of Pittsburgh School of Medicine. Trained in medical anthropology as well as internal medicine and pediatrics, Dr. Miller’s research focuses on clinical and community based prevention interventions to address partner and sexual violence among adolescents and young adults.

Elizabeth Miller, MD, PhD, FSAHM
Elizabeth Miller, MD, PhD, is director of Adolescent and Young Adult Medicine at Children’s Hospital of Pittsburgh of UPMC, and professor of Pediatrics at the University of Pittsburgh School of Medicine. Trained in medical anthropology as well as internal medicine and pediatrics, Dr. Miller’s research focuses on clinical and community based prevention interventions to address partner and sexual violence among adolescents and young adults.

Marilyn Metzler, RN, MPH
Marilyn Metzler, RN, MPH is the Senior Analyst for Health Equity in the Division of Violence Prevention at the Centers for Disease Control and Prevention/Karna, where she leads efforts to integrate a health equity approach across research, surveillance, and program activities. She has co-authored multiple publications and is a member of the HHS Reentry/Criminal Justice and Healthy People Social Determinants of Health workgroups. Marilyn is an RN with a BA from Smith College and an MPH from Morehouse School of Medicine. Prior to arriving at CDC in 1999, she was Regional Coordinator for Community Health Education at Dartmouth Hitchcock Medical System.

Disclosure statement: none.

Julie Miller-Cribbs, PhD, MSW
Julie Miller-Cribbs, PhD is director and Oklahoma Medicaid Endowed Professor of the University of Oklahoma Anne and Henry Zarrow School of Social Work. Julies current research amplifies factors pertaining to vulnerability, strengths, and functioning in the arenas of diversity, health, and community life. She is particularly interested in health disparities and access to health care and improving social work education in the state of Oklahoma. Her publications have appeared in various journals, she has authored educational material utilized in textbooks and course outlines
related to cultural diversity. She has presented her research at over 50 national and international conferences.

**Mona Mittal, PhD**

Mona Mittal, PhD is a licensed couple and family therapist and an Assistant Professor in the Department of Family Science at the University of Maryland. Her primary research interests and expertise include the intersection of mental and sexual health, trauma and intimate partner violence, and prevention and intervention research. Her research portfolio addresses each of these themes individually and their intersections with the goal of translating this knowledge into programs for survivors of gender-based violence.

**Beth E. Molnar, ScD**

Beth E. Molnar, ScD, is a social and psychiatric epidemiologist, Associate Professor at Northeastern University and Board President at the Boston Area Rape Crisis Center, previously a medical advocacy volunteer. Her research (>25 years) focuses on three major areas: (1) violent, traumatic experiences (e.g. child maltreatment, sexual and community violence), (2) social context of youth high-risk behaviors, and (3) development/evaluation of preventive interventions for effects of trauma including the Vicarious Trauma Toolkit project (role: Principal Investigator). She received her Doctor of Science and MS from the Harvard School of Public Health, and a BS in Psychobiology at UCLA.

**Erica Monasterio, MN, FNP-BC**

Erica Monasterio, MN, FNP-BC is a Clinical Professor in the Division of Adolescent and Young Adult Medicine, Department of Pediatrics and the Director of the Family Nurse Practitioner Program in the School of Nursing at the University of California, San Francisco. Ms. Monasterio has over 30 years of clinical experience working with youth and families in primary care, both at UCSF and in the San Francisco Department of Public Health. As a trainer her focus is on training practicing health care and social service professionals, educators, and parents to increase their knowledge base, sensitivity, and skills in working with adolescents.

**Antoinette Marie Moore**

Antoinette Moore is a third year medical student at UT Southwestern Medical Center in Dallas, Texas. She has dedicated a great deal of her research to PTSD, trauma-informed care, the experiences of domestic violence survivors, and the treatment of mental health disorders in a primary care setting. She is passionate about improving access of health care to underserved populations and improving health literacy about sexual health, mental health, as well as how medical education can best prepare health care providers to be their most empathetic and happy selves.

**Anita M. Morris, PhD, MSW, BSW (Hons)**

Anita Morris, PhD is the Family Violence Principal Practitioner with the Victorian Government’s Department of Health and Human Services and Honorary Fellow at University of Melbourne. Dr. Morris has a Social Work background with over 20 years clinical experience working with women, children, and families. In 2015 she completed her PhD known as The SARAH Project, focused on children’s experiences of family violence. She is currently undertaking research implementing trauma informed care in hospital settings.

**Penelope Morrison, PhD, MPH**

Penelope Morrison, PhD, MPH is an Assistant Professor of Biobehavioral Health at Penn State New Kensington. She has training in both medical anthropology and public health from the University of Pittsburgh, and completed post-doctoral training in health services research from the RAND-University of Pittsburgh Health Institute. Her prior work includes research on street youth and health risk behaviors in Brazil, parent-child communication regarding sexual health, homeless youth and sexual risk taking and dating violence among African American families.

**Mercedes Muñoz, MPA**

Mercedes Muñoz, an immigrant, daughter of migrant farmworkers and mother to two amazing children who remind her to always lead with love. Mercedes has over nineteen years of experience in the pursuit of social equity for women and girls. She has spent her entire career striving to achieve transformational change in the communities where she has worked. In her opinion working alongside those who are oppressed is paramount to promoting permanent, sustainable change in any community. In 2013, she received a Masters in Public Administration from California State University, Chico.

**Derby Munoz-Rojas, PhD, MS, BSN, RN**

Dr. Derby Munoz-Rojas is a Professor at the University of Costa Rica School of Nursing. He earned a Doctorate of Philosophy in Nursing from University of Miami, a Master of Science in Integral Health and Human Movement from the National University, Costa Rica, and a Licenciate of Science in Nursing from University of Costa Rica, Costa Rica. His research focuses on the intersection of intimate partner violence, alcohol and substance abuse, and risky sexual behaviors among adolescents and college students, and the development of tailored interventions to address these.
Emily Nichols, MSW
Emily Nichols, MSW, is a doctoral candidate at Michigan State University in the Department of Human Development and Family Studies with a concentration in Couple and Family Therapy. Her research and clinical interests primarily focus on improving services and interventions for survivors of gender-based violence through the use of trauma-informed approaches. She is also actively involved in advancing mental health services for survivors of gender-based violence on college campuses, and was a previous Futures Without Violence Campus Leadership Fellow recognized for her efforts on bringing awareness to gender-based violence on college campuses.

Lisa Nitsch, MSW
Lisa Nitsch, MSW serves as the Director of Training & Education at House of Ruth Maryland. Lisa is responsible for oversight of adult therapeutic services, children's therapy, intervention programs for perpetrators of intimate partner violence, and the agency's Training Institute. Lisa oversees the day-to-day operation of these programs and coordinates new program initiatives to improve the quality and scope of services. Lisa's emphasis on a family perspective for addressing intimate partner violence was cause to be invited to the White House in March of 2010 to consult on federal legislation regarding responsible fatherhood programs and domestic violence.

Nkiru Nnawulezi, PhD
Dr. Nkiru Nnawulezi is a professor, researcher, evaluator, and advocate in the IPV field. Her broad research program explores the ecological factors that influence help-seeking among Black women survivors. She also works closely with DV organizations to examine the organizational processes that mitigate the negative impact of violence and promote survivor empowerment.

Julia Noble
Julia Noble was born and raised in Portland, OR; she attended Portland State University, where she received her degree in Psychology and Criminology. She has worked doing domestic violence and sexual assault advocacy for multiple agencies since finishing her undergraduate work and more recently in primary prevention education for Raphael House of Portland. She currently teaches DV/SA prevention curricula to middle and high school students and provides intervention and support services to youth in school-based health centers in two Portland Public school campuses.
Marcella Nyachogo, MSW, LSW
Marcella Nyachogo, LSW, has been employed in Lutheran Settlement House’s Bilingual Domestic Violence Program for four years. She was promoted after her first year to Supervisor of the Medical Advocacy Program. In this role, she oversaw the STOP IPV Program at four major Philadelphia health systems. Marcella recently stepped into the role of Assistant Director for the Bilingual Domestic Violence Program. Marcella presented on her work within the BDVP at the National Organization for Victim Assistance Conference in 2014, the International Summit on Violence, Abuse, and Trauma in 2015, and the National Center for Victims of Crime Conference in 2016.

Carol M. O’Dwyer, BA, MSc, MA
Carol is a PhD candidate in the Department of General Practice at the University of Melbourne. Her current research focuses on gender sensitive care, mental illness, and sexual violence. She is a Registered Psychologist with a Masters in Clinical Psychology. She also has a BA Psychology and Sociology and Masters in Psychology. Carol has completed research in Ireland, the UK, and Australia in the areas of mental health disorders, youth, and Positive Behaviour Support.

Lena O’Rourke, MPP
Lena began her career at Families USA, a national consumer health care organization, where she co-directed its government affairs operation and led their successful campaigns during federal health care reform. She helped build and maintain winning grassroots and grassroots coalitions, and is most proud of those that bring together diverse stakeholders to support the legislative campaigns. Lena is now founder and president of O’Rourke Strategies, a health care consulting firm dedicated to promoting good government and sound public policy. Lena specialized in legislative strategy, administrative advocacy, and developing strategic alliances.

Nwando Ofokansi, BA
Nwando Ofokansi graduated from Boston College with a degree in Sociology, Philosophy, and African & African Diaspora Studies. She is the Education Programs Coordinator at the Katie Brown Educational Program, a relationship violence prevention program. She uses intersectionality and critical-race feminism to unravel the impact of culture, identity, and oppression on health outcomes.

Melanie Ogleton, MHSA
Melanie Ogleton, MHSA is Practice Area Lead for the Center for Behavioral Health at Altarum Institute’s Population Health Strategies division. She previously served as Project Director for an Office on Women’s Health-funded project to increase capacity among HIV and intimate partner violence providers to better integrate HIV and domestic violence services. Ms. Ogleton holds a Master’s in Health Services Administration from The George Washington University and earned a Bachelor of Arts degree in Political Science from Hampton University. She is currently pursuing a Master’s in Public Health, with a Global Health concentration, from The George Washington University.

Judee E. Onyskiw, RN, PhD
Judee Onyskiw, RN, PhD is an Associate Professor in the Faculty of Nursing at MacEwan University in Alberta, Canada. Her research examines how children’s health and well-being are affected by domestic violence. She has authored several publications on the impact of domestic violence on children’s social, emotional, and behavioral adjustment; their health and the use of health services, and the link between domestic violence and animal abuse. She has co-authored a book to teach children strategies to promote their safety during incidents of domestic violence.

Sonia Oyola, MD
Sonia Oyola, MD is the University of Chicago, Pritzker School of Medicine Family Medicine Clerkship Director. She has been a Family Medicine Physician since 2000 after graduating from the University of Illinois College of Medicine in 1997 and her residency at Cook County’s Family Medicine Residency in 2000. In 2013, she also completed the Arizona Center’s Integrative Medicine fellowship. Her specific interests are in Integrative Primary Care, Domestic Violence, and Mind-Body Medicine. In 2009, she founded a nonprofit called Be Alright which supports survivors of domestic violence and Chicago-area shelters. Her mission is to relieve suffering through the promotion of compassion.

Gwendolyn D. Packard
Gwendolyn Packard (Ihanktonwan Dakota), Training and Technical Assistance Specialist, National Indigenous Women’s Resource Center, has worked for many years in Indian country at the national and tribal level. She was instrumental in founding the National Organization on Fetal Alcohol Syndrome. She served as the Executive Director for Morning Star House, a program for off reservation Indian women and children who are victims of domestic violence. She is a survivor of domestic violence, an advocate, writer, and grass roots organizer. She is commitment to social change in working to address social and economic justice issues as documented in her life experience.

Jessica R. Palardy, MSW, LSW
Jessica Palardy, LSW is a Medical Advocate in Lutheran Settlement House’s Bilingual Domestic Violence Program and
serves as an Intimate Partner Violence Specialist at The Childrens Hospital of Philadelphia (CHOP). Through this program, Jessica provides CHOP with onsite counseling for families and staff who identify as experiencing intimate partner violence, educational services for medical providers; and operational support to increase CHOP's ability to respond to the needs of those affected by IPV. Jessica earned a Masters in Social Work from the University of Pennsylvania where she received education in the effects of trauma, IPV, and trafficking on individuals and communities.

**Chelsea L. Pallatino, MPH**

Chelsea Pallatino, MPH is a fourth year PhD candidate and FLAS Fellow in the Department of Behavioral and Community Health Sciences at the University of Pittsburgh Graduate School of Public Health. She is interested in violence against women, the social determinants of health, healthcare access, and gender equity. Her past research has focused on the impact of access to healthcare and sanitation resources on health promotion behaviors and infant mortality in rural India. Her dissertation research explores how Asian Indian women perceive, experience, and respond to domestic violence and the relationship between social support, acculturation, and experiences of domestic violence.

**Lisa F. Parks, MPH**

Lisa Fujie Parks, MPH, is an associate director at Prevention Institute where her portfolio includes projects focused on promoting health equity and community resilience and preventing multiple forms of violence and trauma. Lisa has 20 years of leadership, program, and policy experience at local, state, and national levels. Lisa’s work embodies a holistic, multi-sector approach that reflects her background in community development and public health. Lisa has designed, implemented, and evaluated local and state-level prevention initiatives employing policy, communications, and coalition-building strategies. She also has experience providing capacity-building services, including curriculum development, training and TA, and facilitation of learning networks.

**Sarah M. Peitzmeier, MSPH**

Sarah Peitzmeier, MSPH is a doctoral candidate (expected graduation Spring 2017) in the Population, Family, and Reproductive Health department at the Johns Hopkins Bloomberg School of Public Health. She earned her MSPH at Hopkins in 2012, when she worked in the Gambia and Mongolia on health and human rights, sexual violence, and HIV among men who have sex with men and female sex workers. After spending a year researching cervical cancer screening disparities among sexual and gender minorities, she returned to Hopkins to conduct doctoral research around gender-based violence, particularly intimate partner violence and violence against sex workers.

**Brian Penti, MD**

Brian Penti, MD graduated from Boston University School of Medicine (BUSM) in 2004 and attended BU Family Medicine Residency Program. He worked as an attending for the Department of Family Medicine at BUSM and later served as the Assistant Inpatient Director of Clinical Education. Completed the Primary Care Academic Fellowship at BUSM in 2016 and graduated from BU School of Public Health with a Masters in Health Services Research. Research interests include issues related to gender-based violence, global health, and safe opioid prescribing.

**Nancy A. Perrin, PhD**

Nancy A. Perrin, PhD is the Director of Biostatistics and the Methods Core at Johns Hopkins School of Nursing. Previously, she was a Senior Investigator and Director of Research, Data and Analysis Center at the Center for Health Research. Her expertise is the design and analysis of longitudinal studies conducted in real world settings. She has been the biostatistics Co-Investigator on both randomized controlled trials and observational studies for victims of domestic violence conducted in a variety of settings including women in shelters, the work place, colleges and universities, and globally in the Democratic Republic of Congo, Somalia, and South Sudan.

**Cara J. Person, MPH, CPH**

Cara J. Person, MPH, CPH is a Doctoral Candidate in the Department of Health Behavior at the University of North Carolina at Chapel Hill. Ms. Person was previously employed as an Epidemiologist/Health Scientist with the Centers for Disease Control and Prevention and as a Council of State and Territorial Epidemiologists Fellow with the New York State Department of Health after receiving her MPH in Epidemiology. She has worked as a support group facilitator and a crisis line responder for survivors of intimate partner violence. Ms. Person focuses her dissertation research on women who have experienced IPV by multiple partners.

**Erin Pollitt, MHA, BSN, RN, FNE-A, SANE-A**

Erin Pollitt, MHA, BSN, RN, FNE-A, SANE-A, is a Clinical Manager with DC Forensic Nurse Examiners in Washington, DC. Erin has ten years of experience in emergency nursing and five years in forensics. She is a certified Sexual Assault Nurse Examiner (SANE-A) with a Bachelor’s Degree in Nursing and a Master’s Degree in Healthcare Administration. Erin has conducted numerous trainings throughout the nation on topics related to sexual assault.
SPEAKER BIOGRAPHIES

She is a leader in the International Association of Forensic Nurses at the local and national level.

Jennifer M. Ponce, CHES
Jennifer Ponce, CHES, is the Manager of the Prevention and Education Department of Laura's House. Jennifer has vast experience working with at-risk populations, in poverty-stricken communities, with victims and survivors of abuse, in drug treatment centers, and in government mental health facilities. Jennifer has implemented successful community education, and prevention programs both domestically and internationally. Jennifer is passionate about social welfare, a believer in human rights, an advocate for mental health awareness, and a participant in community development. At Laura's House she aided in developing the H.E.A.R.T program and has been instrumental in its implementation into the community.

JoNell E. Potter, PhD
Dr. JoNell Potter is a Professor of Ob/Gyn at the University of Miami Miller School of Medicine with joint appointments in the Department of Pediatrics and School of Nursing. She serves as the Chief of the Women’s HIV Service, Division Director for Research, and Principal Investigator for the THRIVE Clinic funded by the Department of Justice. She has over 30 years of clinical and research expertise and is a nationally recognized expert in her field. Using her expertise and expansive multidisciplinary network of key stakeholders, she designed a medical home model of care for human trafficking survivors.

Alex M. Pyun, MSW
Alex received his bachelor’s degree at the University of North Carolina at Chapel Hill before graduating with his Masters in Social Work from the University of North Carolina at Charlotte. Alex provided child and teen counseling at Safe Alliance’s Clyde and Ethel Dickson Domestic Violence Shelter, specializing in counseling children and teens who have witnessed domestic violence. Alex is currently the coordinator for the LoveSpeaksOut program, where he does teen dating violence prevention classrooms, after school programs, and other community groups.

Margarita Quintanilla, MD, MPH
Margarita Quintanilla has a Master’s Degree in Public Health and Health Management from the Andalusian School of Public Health in Granada, Spain. Dr. Margarita Quintanilla, Coordinator of InterCambios, has worked in the field of violence against women policy and programs for nearly 20 years. As Director of the Nicaraguan Office of the Program for Appropriate Technology in Health (2008-2012) Dr. Quintanilla was responsible for providing technical assistance to the Ministry of Health and local NGOs, in a variety of public health programs.

Maya Ragavan, MD, MPH
Maya Ragavan, MD, MPH is a graduate of Northwestern University’s School of Medicine and Stanford University’s School of Medicine’s pediatric residency program. She is currently a first-year general academic pediatric fellow at Boston Medical Center. She has an interest in the health effects of DV on women and children, the design and implementation of initiatives to support families who have experienced DV, and using qualitative methodologies to better understand survivors’ narratives. Her current work focuses on how to best use community-based participatory research to support DV survivors and their families.

Anita Raj, PhD
Anita Raj, PhD is Director of UCSD’s Center on Gender Equity and Health and is a Professor in the Division of Global Public Health, Department of Medicine. Dr. Raj is a developmental psychologist with approximately 20 years of experience conducting research on sexual and reproductive health/HIV/STI, gender-based violence, substance misuse and abuse, and the intersection of these issues.

Kimberly A. Randell, MD, MSc
Kimberly Randell, MD, MSc is an attending pediatrician in emergency medicine at Children’s Mercy Hospital in Kansas City, Missouri and an Assistant Professor of Pediatrics at the University of Missouri-Kansas City. She received her medical degree from the University of Oklahoma and completed a pediatric residency at Children’s Mercy Hospital, followed by a fellowship in pediatric emergency medicine and master’s degree in clinical investigation sciences at the University of Louisville. Her research focuses on childhood exposure to intimate partner violence, including screening and intervention in the pediatric healthcare setting, and adolescent relationship abuse.

Anita Ravi, MD, MPH, MSHP
Dr. Anita Ravi, MD, MPH, MSHP is a family medicine physician and founder of the Institute for Family Health’s PurpLE (Purpose: Listen & Engage) Clinic, a primary care clinic in New York City for people who have experienced sexual trauma. She also provides medical care and affidavit evaluations for persons seeking asylum and is a trained sexual assault forensic examiner. Dr. Ravi is a board member of HEAL Trafficking, a national organization of healthcare providers and researchers focused on addressing health and human trafficking, and enjoys conducting health education and empowerment workshops in correctional facilities and with community based organizations.
SPEAKER BIOGRAPHIES

Tisha Gay Reed, MA
Tisha Reed, MA, is the Director of Systems Outreach and Training with Provide. In this role, she generates opportunities within targeted systems and manages systems-based implementation teams providing abortion referrals training in health and social service sites. Before joining Provide, Tisha has served as the Deputy Director for WV FREE in addition to Title X Program Director and Adolescent Pregnancy Prevention Director both for the state of West Virginia. Tisha has long been an advocate for contraception and abortion as she learned about the need for women to have control over their reproduction through stories from her grandmother.

Tamara Reif, MSSW
Tamara Reif is currently the VP of Programs for The Center for Women and Families where she oversees multiple programs. Those programs include, Emergency Shelter, Domestic Violence Services, Sexual Assault Services, Crisis Response, Indiana Services, Prevention and Training, and volunteer services. Tamara has been at The Center for fifteen years and throughout her tenure has served in multiple roles with programs at The Center. Tamara received her MSSW from the University of Louisville. Her advocacy focus lies in ensuring that victims of intimate partner violence and sexual assault are able to receive all of The Center’s comprehensive services.

Peggy A. Reisher, MSW
Peggy Reisher has a Master’s Degree in Social Work and is the executive director of the Brain Injury Alliance of Nebraska (BIA-NE) who’s organizational mission is to create a better future for all Nebraskans through brain injury prevention, education, advocacy, and support. Reisher has over 20 years of experience working and advocating for individuals with brain injury and their families across the state of Nebraska. Her personal goal is to create system improvement for those living with the effects of brain injury.

Lynette M. Renner, PhD, MSW
Lynette M. Renner, PhD, MSW is an Associate Professor in the School of Social Work at the University of Minnesota. Her scholarship is focused on the co-occurrence of victimization types, identifying risk factors for specific types of violence, and exploring associations between victimization and mental and behavioral health and academic outcomes for children/adolescents, and victimization and mental health and parenting for adults. She focuses on translating research findings into practice strategies to better meet the needs of individuals and families who have experienced violence. Dr. Renner teaches graduate courses on family and group work, practice evaluation, and theory and model-building.

Gail Reid, MSW, LCSW-C
Gail Reid, MSW, LCSW-C, is a licensed clinical social worker with over 30 years of experience in the social work field. She is currently the Director of Advocacy Services at TurnAround, Inc, the assault crisis center of Baltimore city and county which provides services to victims/survivors of sexual assault, intimate partner violence, and human trafficking.

Lucy Rios
Lucy Rios, Director of Prevention and Communications for the RI Coalition Against Domestic Violence, has led the state’s domestic violence prevention efforts since 2003 through the coordination of DELTA and DELTA FOCUS projects funded by the Centers for Disease Control and Prevention. Rios’ outreach and trainings in diverse communities ensures that state agencies and community-based organizations understand the dynamics of domestic violence and are able to create pathways to prevention. She has helped mobilize bystanders through public awareness and prevention strategies like Ten Men, broadening the voices that are speaking out against violence and inequality.

Maricela Rios-Faust, MSW, LCSW, CFRE
As Chief Executive Officer, Maricela Rios-Faust provides vital leadership, support, and vision to the continued growth and success of Human Options. Since 2006, she has capitalized on her 20 year experience working with vulnerable populations and been a key driver in Human Options becoming the most comprehensive domestic violence service providers in Orange County. Her commitment comes from a desire to raise her daughter in a world where domestic violence isn’t tolerated. Recognized as a leader in the field, Maricela is past President of the Board of Directors for the California Partnership to End Domestic Violence.

Lisa Ripper, MPH
Lisa M. Ripper, MPH, CPH is a research coordinator at the University of Pittsburgh in the Pediatrics Department and Children’s Hospital of Pittsburgh Division of Adolescent and Young Adult Medicine. She is a 2014 graduate of the University of Pittsburgh Graduate School of Public Health. Lisa mostly works on violence prevention studies, but also has interests in disability research and community based, public health practice.

Cynthia F. Rizo, PhD, MSW
Cynthia Fraga Rizo, PhD, MSW is an Assistant Professor at the UNC-CH Hill School of Social Work. Dr. Rizo has practice experience providing services to survivors of intimate partner
violence (IPV) and their children. Dr. Rizo has worked on a number of projects in the area of gender-based violence, including IPV, human trafficking, and sexual assault. Her primary research focus consists of developing and evaluating interventions for particularly vulnerable IPV survivors, including Latinas, immigrants, and system-involved survivors. Dr. Rizo is currently working on a project to develop school-based sex trafficking content as well as identification and response protocols.

Cynthia A. Roberts, PhD

Cynthia Roberts is the Empowerment Evaluator for the Rhode Island Coalition Against Domestic Violence (RICADV). Roberts evaluates prevention strategies including those implemented under Rhode Island’s DELTA FOCUS grant, funded by the Centers for Disease Control and Prevention. She also leads the evaluation of the Coalition’s Engaging Men and Boys grant with the City of Providence, funded by the Office on Violence Against Women. Roberts additionally works with the Office on Violence Against Women. Roberts additionally works with the Newport, RI Health Equity Zone. Ms. Roberts plans and implements the evaluation of statewide Intimate Partner Violence prevention efforts and provides technical assistance in planning and evaluation to member agency staff.

Emily R. K. Robson, BSc, MSc

Emily Robson, MSc, is a final year PhD candidate at the School of Psychology, University of Leeds, UK. Emily’s thesis is investigating how young people make sense of Intimate Partner Violence funded by the Economic and Social Research Council and the Bradford Institute of Health Research. Emily holds an MSc in Psychological Approaches to Health (Distinction) and a BSc in Psychology with Sociology (First Class), past achievements include: Prizes for Highest Final Project Mark and Highest Masters Programme Mark in MSc Psychological Approaches to Health – University of Leeds, 2014, Dissertation Project Prize in Social Psychology – Plymouth University, 2012.

Sarah Roby, MPH

Sarah Roby is an ORISE Fellow in the Division of Violence Prevention at the US Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia. Ms. Roby’s primary research interests concern intimate partner violence, and how to communicate prevention messages related to violence prevention to the public. Before coming to CDC, she worked on implementation and evaluation of family-focused services in judicially supervised substance use programs. She also served as a social worker at Haven House, a domestic violence agency in Georgia.

Teresita Rocha-Jimenez, MA

Teresita Rocha-Jimenez is a doctoral student working in the Tijuana-San Diego border region and in the Mexico-Guatemala border. She is especially interested in the impacts of the implementation of public policies on migrant women’s health in border regions.

Rebecca Rodriguez, PhD

Rebecca Rodriguez, PhD is a community psychologist and the manager of research and evaluation at the National Latin@ Network for Healthy Families and Communities. Rebecca’s research interests broadly focus on culturally specific and community-centered approaches to prevent family violence in Latin@ families. Her research has examined marital and dating violence by investigating family dynamics (e.g. gender roles, parenting), U.S. immigration policies, and by working directly with Latin@ youth conducting participatory action research on topics they find important to their communities. Her evaluation work includes participatory and culturally responsive evaluation practices and developing the evaluation capacity of community based organizations.

Ana Maria Rodriguez, BA

Ana Maria Rodriguez is the Child Advocate within the Latina Domestic Violence Program (LDVP) at Congreso de Latinos Unidos in Philadelphia, PA. The Youth Services provides trauma informed domestic violence counseling and support groups to children who are witnesses of Domestic Violence. Ana Maria works with parents to provide trauma informed and parenting after violence education, both onsite and at St. Christopher’s Hospital for Children. Prior to becoming the Child Advocate in LDVP, Ana Maria obtained her BA in Social Psychology from UNAD Florida and served pregnant and parenting teens as an intern with ELECT at Congreso.

Lynn Rosenthal

Lynn Rosenthal is Policy Director for the Biden Foundation’s Violence Against Women Initiatives. Prior to joining the Biden Foundation, Lynn inspired action to end gender-based violence as a consultant and served as the Vice President for Strategic Partnerships at the National Domestic Violence Hotline.

Emily F. Rothman, ScD

Emily F. Rothman, ScD, is an Associate Professor at the Boston University School of Public Health with secondary appointments in Pediatrics and Emergency Medicine. She began her career as an advocate at a DV shelter and as a batterer intervention counselor. She now conducts research on dating abuse, human
SPEAKER BIOGRAPHIES

Melanie Ruhe, MPH
Melanie Ruhe, MPH is a Program Analyst for the Safe and Healthy Families team at NACCHO. Her responsibilities include providing programmatic support for numerous teams, developing publications and policy tools to increase awareness about key health efforts and coordinating, creating and executing project activities. Melanie recently implemented child maltreatment prevention programs in local health departments, assisted in writing two grant proposals and is a leader of multiple NACCHO advisory groups. Prior to joining NACCHO, she worked for the National Organization on Fetal Alcohol Syndrome and received her Master of Public Health degree with distinction from DePaul University in Chicago, IL.

Melissa Ruth, MS, LCPC
Melissa Ruth, MS, LCPC, with the Idaho Coalition Against Sexual and Domestic Violence, co-leads Idaho Thriving Families and has led several of Idaho’s nationally funded initiatives. Melissa joined the Coalition after over a decade of providing counseling to children and families, and two decades of advocacy. Melissa has a strong commitment to helping underserved populations secure longstanding safety and access to resources, and fostering communities where everyone has the ability to thrive and reach their full potential. Cultivating compassionate communities, adventures with her daughter, live music, and fresh air are the essentials for Melissa.

Kelsey S. Rutheford
Kelsey Rutheford is the Research Coordinator for the randomized controlled trial, ConnectEd. This trial is led by investigators Heather Bush, PhD and Ann Coker, PhD. Kelsey Rutheford recently graduated with her Bachelors in Public Health from the University of Kentucky and is currently seeking a Masters Degree in Public Health. She coordinates all recruitment, retention, promotion, and training within ConnectEd, an R01 grant funded by the Centers for Disease Control and Prevention (CDC).

Caitlin Ryan, PhD, ACSW
Caitlin Ryan, PhD, ACSW is a clinical social worker who has worked on LGBT health and mental health for more than 40 years. A practitioner, educator, and researcher, her work on LGBT health has shaped policy and practice for LGBT children and youth. She directs the Family Acceptance Project (FAP) at SF State University—the first research, education, intervention, and policy project to help ethnically and religiously diverse families to support their LGBT children. Dr. Ryan is implementing FAP’s family support model in diverse settings and trains on this work across the U.S. and other countries.

Bushra Sabri, PhD, MSW
Bushra Sabri, MSW, PhD is a Research Associate faculty member at Johns Hopkins University School of Nursing. She has extensive cross-cultural and cross-national experiences in research, health care, and social service settings. Dr. Sabri has been involved in several funded research projects focusing on interpersonal violence across the lifespan (including intimate partner violence and intimate partner homicides), risk and protective factors of violence and health effects of lifetime violence exposure. Her current research includes development of trauma informed culturally tailored interventions for at-risk women from diverse racial and ethnic backgrounds. Her focus has been on minority, immigrant, and refugee women.

Marissa Salazar, MA
Marissa Salazar, MA is a global health doctoral candidate at University of California, San Diego-San Diego State University. Her research focuses on social and structural factors that perpetuate gender-based violence and contribute to adverse health. She is currently focusing her work on social media use among adolescents, and how social media contributes to GBV and related health outcomes. Marissa hopes to use the findings of her research to support the development of novel social media based prevention intervention programs to improve the health and safety of women and girls. Her research is based in the US, Latin America, and Asia.

Jessica L. Salzman, MD
Jessica earned her medical degree from Eastern Virginia Medical School in 2008. She went on to complete residency training at Carolinas Medical Center in Emergency Medicine with her last year serving as Chief Resident. She accepted a clinical faculty position at CMC in 2011 and since has helped create the Medical Scribe program at CMC as well as serving as Medical Director for the Safe Alliance Medical Clinic locally. Outside interests include running, reading, and spending time with loved ones.

Sudha Sankar, MS
Sudha Sankar, MS, is a doctoral candidate in the Department of Human Development and Family Studies, specializing in Couple and Family Therapy. Her academic interests include mental health trafficking, pornography, and community violence. Dr. Rothman founded the Violence and Trauma SIG of the Society of Behavioral Medicine and research subcommittee director for HEAL Trafficking. Her research has been funded by the NIH and NIJ, and in 2012 received the FWV/CDC Foundation Linda E. Saltzman New Investigator Award.
services for couples experiencing intimate partner violence, mental health services for survivors of sexual assault, and identity negotiations in non-traditional families. Her specific clinical and research interest are in the differential assessment of couple interpersonal violence patterns and the subsequent matching of couples to appropriate treatment and referral strategies. Sudha is currently the Outreach and Research Coordinator for the Couple and Family Therapy Clinic.

Martina Savedra, LMFT
Martina Savedra, LMFT, is the Clinical Director for Christie’s Place and also provides culturally competent mental health therapy to clients. She became licensed as a Marriage and Family Therapist in 2011 and has worked to improve the lives of women since 2014, previously working at San Ysidro Health Centers. She is an active member of Christie’s Place’s Cultural Competency/Trauma-Informed Committee. In addition, Martina is the director of Peer Navigation Services, a trauma-informed mobile/home-based model utilizing peer-based motivational support to engage and retain women living with HIV in medical care.

David Schneider, MD, MSPH
Dr. Schneider is professor and chairman of the Department of Family and Community Medicine at the University of Texas Southwestern medical school in Dallas. He graduated from Boston University Medical School, the Duke/Southern AHEC Family Medicine Residency Program, and received a Masters of Science in Public Health from the University of Missouri. His career has focused on the health effects of toxic stress and violence. He works nationally to strengthen health professions education on violence and abuse, was the Founding President of the Academy on Violence and Abuse, and is past chair of the National Health Collaborative on Violence and Abuse.

Elise Scioscia, MA
Elise Scioscia, MA, is the Director of Policy and Prevention at Women Against Abuse (WAA). She oversees advocacy efforts for WAA, including outreach to legislators and agency administrators. Her strategic engagement with local officials — which highlighted critical shortages in emergency shelter beds for survivors of domestic violence — facilitated $2.5 million in annual funds by Philadelphia City Council to launch a second safe haven for survivors. Ms. Scioscia holds a Master of Arts in Strategic Communication and a certificate in Organizational Communication from Villanova University.

Kelly A. Scott-Storey, RN, MN, PhD
Dr. Kelly Scott-Storey, RN, MN, PhD, is a Health Researcher and an Assistant Professor with the Faculty of Nursing at the University of New Brunswick, Canada. Dr. Scott-Storey’s research and clinical interests lie broadly within cardiovascular health and wellness, especially among individuals who have experienced violence as well as instrument development and intervention work related to violence. She is currently a PI on three national funded violence studies and was recently nominated by the New Brunswick Health Research Foundation as the Young Investigator of the Year (2016).

Jane Segebrecht, MPH
Jane Segebrecht, MPH serves as Program Team Lead for HRSA Office of Women’s Health. Her work integrates HRSA OWH’s priority areas of IPV, trauma informed care, and health systems strengthening across HRSA programs. Prior to this, she was a Project Officer for Health Center Controlled Networks, which aim to increase health centers’ capacity to utilize technology to advance quality improvement. Prior to Federal service, she was a consultant and project manager for Cerner, with a focus on clinical decision support, health information exchange, and patient engagement. Her commitment to quality health delivery systems was initially fostered while serving in AmeriCorps.

Brandy Selover, MPH
Brandy J. Selover, MPH, promotes social equity as a societal-level strategy for the prevention of gender oppression, and promote positive health outcomes through strategic planning and a continuous quality improvement framework. She has been privileged to work alongside change agents in the movement to end gender violence for two decades. After working as a Detective for 11 years with a city police department in Idaho’s most populated area, specializing in the investigation of sexual and domestic violence crimes, Brandy shifted her work to emphasize primary prevention of violence. She holds a Master’s of Public Health from Concordia University, Nebraska.

Josephine V. Serrata, PhD
Josephine V. Serrata, PhD is a clinical community psychologist and director of research and evaluation at Casa de Esperanza’s National Latin@ Network for Healthy Families & Communities, a national culturally specific resource center for domestic violence. Her research and evaluation work are embedded in practices that are culturally affirming, community driven, and trauma informed.

Argentina E. Servin, MD, MPH
Argentina Elisa N. Servin, MD, MPH is a bi-lingual and bicultural physician trained in preventive medicine, infectious disease, and
marginalized and hard-to-reach populations around the world. As a Human Rights Social Justice Scholar (HRSJ) at Mount Sinai, she loves being able to positively impact the population around her and their access to healthcare.

**Jay G. Silverman, PhD**

Jay Silverman, PhD, is Director of Research for the Center on Gender Equity and Health and a Professor of Medicine and Global Public Health at the University of California, San Diego. He has led multiple major government, foundation and UN-funded studies of gender-based violence (e.g., IPV, sexual assault, reproductive coercion, gender-based household maltreatment, sex trafficking) across multiple global regions regarding effects on health of women, girls, and their children. Dr. Silverman has published over 180 peer-reviewed scholarly papers on these issues, and is also co-author of an award-winning practitioner guidebook on the role of IPV in shaping family dynamics.

**Rebecca Dee Simmons, MA**

Rebecca Simmons has been gaining professional experience that is grounded in social justice work for over 6 years in a variety of capacities. With an educational background in Spanish and Contemporary Hispanic Studies, she has also gained job experience in the field of research, public health, adult education and most recently, domestic violence advocacy and prevention. As the Bilingual Community Engagement Coordinator at HAVEN from Domestic and Sexual Violence in The Dalles, OR, Rebecca is responsible for cultivating partnerships with providers, training healthcare providers around the intersection of IPV and health, as well as recruiting, training, and coordinating agency volunteers.

**Sharon G. Smith, PhD**

Sharon G. Smith, PhD is a Behavioral Scientist in the Surveillance Branch, Division of Violence Prevention, in the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC). Dr. Smith has been at CDC since 2005, where she conducts surveillance research to inform violence prevention. She is currently focused on the measurement, prevalence, and health consequences of sexual violence and stalking of adults and adolescents and the prevention of sex trafficking of minors.

**Carly P. Smith, PhD**

Carly Smith, PhD is a clinical psychologist and Assistant Professor of Humanities and Psychiatry at Penn State College of Medicine. She researches patients’ experiences of institutional betrayal in healthcare institutions. Her approach to understanding adverse healthcare experiences is grounded in psychological theories.
Emily Spence-Almaguer, PhD
Dr. Emily Spence-Almaguer, PhD, is Associate Dean for Community Engagement and Health Equity and Associate Professor in the Department of Health Behavior and Health Systems in the University of North Texas Health Science Center School of Public Health. She serves as lead evaluator or investigator for several large community initiatives associated with interpersonal violence, health coaching, poverty, mental health, financial stability, homelessness and mentoring. She has published books, journal articles, and community manuscripts in the areas of evaluation, community assets and needs, intervention development, technology use in human services, and interpersonal violence.

Jennifer Stallbaumer Rouyer, LMSW, LSCSW
Jennifer Stallbaumer-Rouyer, MSW, is a social worker at Children’s Mercy Hospital in the acute care setting and adjunct faculty with the School of Social Work at the University of Missouri-Kansas City. She has been involved in shaping intimate violence identification and response in the pediatric setting for the past 15 years. She helped establish universal screening and education for IPV first in the emergency department and continues to work to implement IPV education, assessment, and intervention throughout the hospital setting. Ms. Stallbaumer-Rouyer works closely with domestic violence advocates to enhance health care response and services for survivors and their children.

Lindsay Stawick, BSW
Lindsay Stawick, BSW, is an Indianapolis native, and is the Youth Program Manager at the Domestic Violence Network. She received her bachelor degree in social work from Indiana University - Indianapolis, and she has worked in the field of child welfare and domestic violence for over 6 years.

Harise C. Stein, MD
Harise Stein, MD is an Adjunct Clinical Associate Professor in the Ob/Gyn department at Stanford Medical Center. She is founder and co-chair of the Stanford Family Abuse Prevention Council, and has served as commissioner and chair of the Medical Subcommittee of the Santa Clara County Domestic Violence Council. Having recognized the impact of abuse on women’s well-being, she is a frequent speaker/educator to medical and community groups on various aspects of the intersection between abuse and health. For the past 8 years she has authored a monthly review of abuse research (abuseresearch.info).

Katherine E. Stewart, MScOT, OT Reg. (Ont.)
Katherine Stewart, MScOT, OT Reg. (Ont.) is a PhD Candidate at the Rehabilitation Sciences Institute at the University of Toronto.
Her research explores the ways in which women's occupational lives unfold following an experience of sexual assault in university. She is a member of the University of Toronto's Expert Panel on Education and Prevention of Sexual Violence and the Collaborative Graduate Program in Women's Health.

**Jamila K. Stockman, PhD, MPH**

Jamila K. Stockman, PhD, MPH is Associate Professor of Medicine and Global Public Health at the University of California, San Diego (UCSD) and Director of the Disparities Core of the UCSD Center for AIDS Research. An epidemiologist by training, she conducts prevention and intervention research on the intersecting epidemics of intimate partner and sexual violence, HIV acquisition and transmission, and substance abuse among marginalized populations in the United States and Latin America. Dr. Stockman is also involved with various domestic violence steering committees and community-based organizations working to address the deleterious effects of violence and HIV in families and relationships.

**Hanni Stoklosa, MD, MPH**

Hanni Stoklosa, MD, MPH, Executive Director of HEAL, is an emergency physician at Brigham and Women's Hospital with appointments at Harvard Medical School, Harvard T.H. Chan School of Public Health, and the Harvard Humanitarian Initiative. Dr. Stoklosa is a well-recognized investigator, advocate, and speaker focusing on the public health of trafficking survivors in the U.S. and internationally. She has advised the U.S. Department of Health and Human Services, Department of Labor, and Institute of Medicine on issues of human trafficking and testified as an expert witness multiple times before the U.S. Congress.

**Angela Sun, PhD, MPH**

Angela Sun, PhD, MPH, Founder/President of the Asian Alliance for Health (AAFH). She devoted her career to increase health literacy for the Asian American community utilizing evidence-based strategies for over 25 years. Dr. Sun serves as the Chair for Asians Against Violence, a sub-division of AAFH, since 2006. In 2012, she founded the Asian Alliance for Health to promote a healthy and violence-free Asian community through local, national, and global partnerships. To increase access to culturally tailored health education resources, www.asiansforhealth.org was launched as a web portal for multiple Asian language health articles from credible health organizations nationally and internationally.

**Mary Elizabeth Sutherland, BS Elementary Education**

Mary Sutherland, BS Elementary Education, is a medical student and a volunteer for the International Institute of St. Louis in the Rescue and Restore Coalition. She has used her backgrounds in education and medicine to develop programs to educate healthcare students and professionals on the facets of human trafficking. Her contributions include developing and directing simulations for the Missed Opportunities Conference in 2015 and revising educational materials. She received her BS in Education in 2008 and has four years of classroom experience. She will complete her medical degree from St. Louis University School of Medicine in 2018.

**Mary-Margaret Sweeney, MSW**

Mary-Margaret Sweeney, MSW, is the Manager of Training Services for Domestic Violence Network in Indianapolis, IN. She earned her MSW from Loyola University Chicago. She has spent her career working in women's and reproductive health care as well as refugee services.

**Casey Carter Swegman, MA**

Casey Swegman, MA, is the Forced Marriage Initiative Project Manager at the Tahirih Justice Center where she provides direct services to individuals facing forced marriage, fields technical assistance requests nationally, and coordinates the Forced Marriage Working Group. She was the principle content drafter and developer of preventforcedmarriage.org and engages in extensive national outreach, education, and training. Prior to joining the Tahirih Justice Center, Casey served as the Special Needs Care Coordinator at the International Rescue Committee in Baltimore, MD.

**Annie Sylvain, MSc**

Annie Sylvain has focused her professional and academic work on community health programs and women's rights. Ms. Sylvain has a Master's degree in Latin American Studies and has worked for non-profit organizations in Mexico and the U.S. focused on health and social development. At La Clínica del Pueblo she leads program design and growth and supports monitoring and evaluation efforts.

**Angela J. Taft, MPH, PhD**

Angela Taft, MPH, PhD is a public health social scientist and Professor and former Director of the Judith Lumley Centre for mother, infant and family health research at La Trobe University. For the last 15 years she has led the Centre's competitively funded program of research on intimate partner/gender-based violence and sexual and reproductive health in Australia and in Timor-Leste. Her research is focused on improving the health system's response to partner violence in culturally diverse communities, promoting planned parenthood and reproductive rights, and recently preventing and reducing alcohol-related partner violence.
**SPEAKER BIOS**

**Farah Tannis, MFT**
Farah Tannis is a transnational feminist and co-founder, Executive Director of Black Women’s Blueprint working at the grassroots to address the spectrum of sexual violence against women and girls in Black/African American communities, and working with Historically Black Colleges and Universities (HBCUs) across the nation on issues of gender, race, sexuality, anti-violence policy and practice.

**Janine M. Talis, MPH, CPH**
Janine Talis is a recent graduate of the University of Pittsburgh, Graduate School of Public Health. She is a research assistant at the University of Pittsburgh in the Pediatrics Department, working in conjunction with Children’s Hospital of Pittsburgh Division of Adolescent and Young Adult Medicine. She mainly works on violence prevention studies, but also has interests in contraception and general sexual health.

**Jeff R. Temple, PhD**
Dr. Temple is an Associate Professor, Licensed Psychologist, and Director of Behavioral Health and Research in the department of Ob/Gyn at the University of Texas Medical Branch. His research focuses on interpersonal relationships, with a particular focus on teen dating violence. His research has been funded through National Institute of Justice, National Institutes of Health, and Centers for Disease Control and Prevention. He is an Associate Editor for the Journal of Primary Prevention, and was recently appointed by the Director of the Texas Department of Health and Human Services to Vice Chair a state Task Force on Domestic Violence.

**Jimmitti Teysir, MD Candidate**
Jimmitti Teysir, MD Candidate, is a current first year medical student at the Icahn School of Medicine at Mount Sinai. She graduated with a degree in History from Yale University in 2014. Before attending medical school, she enjoyed a year in Ethiopia pursuing projects in maternal health and hospice care. Her interests lie at the intersection of health justice, global health, and clinical research. She is currently learning a lot through the HRSJ program at Mount Sinai, and is looking forward to continued engagement in her new communities at school and in East Harlem.

**Kristie A. Thomas, PhD, MSW**
Kristie A. Thomas, PhD, MSW is an Assistant Professor at Simmons College School of Social Work and instructor at Harvard Chan School of Public Health. She has extensive experience as an educator, researcher, and social worker in the fields of intimate partner violence and service delivery for marginalized populations. Additional expertise includes program evaluation and community-based participatory research. Dr. Thomas’ interests stem from her experiences as an advocate, a community organizer, and a research consultant at a wide array of domestic violence organizations. Dr. Thomas is a founding member of the Massachusetts Domestic Violence Program Evaluation and Research Collaborative (DVPERC).

**Amanda Thoreson**
Amanda Thoreson is a Marriage and Family Therapist Intern and Clinical Coordinator at the newly established Domestic Violence Advocacy Center. She co-developed the therapeutic legal advocacy program and currently facilitates Laura’s House Empowerment Program, Resource Enhancement Program, individual, child, and family counseling. Amanda graduated in 2015 with a Master of Science degree in Clinical Mental Health Counseling from California State University Fullerton where she also studied Criminal Justice and Psychology as an undergraduate in 2010.

**Lisa A. Tieszen, MA**
Lisa A. Tieszen, MA, LICSW, is Resource Coordinator for the Vicarious Trauma Toolkit Project, and content expert for the State Victim Assistance Academy Training/TA Resource Center, both Office for Victims of Crime-funded. For 35 years, Lisa has assisted individuals/organizations affected by trauma through advocacy, teaching, and staff/program development. Examples include co-creating the Advocacy for Women & Kids in Emergencies (AWAKE) Project at Children’s Hospital, Boston: the first DV response program in pediatric health care; and co-founding DV intervention and vicarious trauma programs at Beth Israel Deaconess Medical Center, Boston to strengthen individual and organizational responses to impacts of traumatic events.

**Agnes Tiwari, PhD, RN, FAAN**
Dr. Agnes Tiwari is the Head and full Professor of the University of Hong Kong School of Nursing. She has conducted numerous research studies among Chinese woman survivors of intimate partner violence including clinical trials of interventions for primary, secondary, and tertiary prevention of family violence. She has published extensively on the health impact of intimate partner violence and effectiveness of the interventions. She is President-elect of the Academy on Violence and Abuse.

**Richard Tolman, PhD, MSW**
Richard M. Tolman, PhD is a Professor at the University of Michigan, School of Social Work. His work focuses on the effectiveness of interventions designed to change violent and abusive behavior, and the impact of violence on the physical, psychological and economic well-being of victims. His current
projects include research on prevention of abuse during pregnancy, adolescent partner violence, and involvement of men and boys as allies to end violence against women. He is currently co-Director of the Global Research Program on Mobilizing Men for Violence Prevention, a collaborative project between the University of Michigan and the University of Minnesota.

**Allison Tombros Korman, MHS**

Allison Tombros Korman, MHS is the Senior Director for Culture of Respect. Alli has more than ten years’ experience in health policy, programming, and education with an emphasis on sexual and reproductive health and rights. She has provided management, support, and technical assistance to USAID and the CDC, and served as the Associate Director of Education for the Association of Reproductive Health Professionals in Washington, DC. Alli holds an MHS from Johns Hopkins Bloomberg School of Public Health and a BA in English and Women’s Studies from the University of Michigan.

**Nicole Trabold, PhD, LMSW**

Nicole Trabold, PhD, LMSW is a National Research Service Award Post-Doctoral Fellow at the University of Rochester School of Medicine and Dentistry. She has extensive experience working within the women’s health field, both as a social work practitioner and researcher. Dr. Trabold’s research interests are intimate partner violence, behavioral interventions, health and health care delivery. Currently Dr. Trabold is developing a career development award focused on improving health systems for women who experience of IPV. Additionally, Dr. Trabold is very active in the community, and volunteers on intimate partner violence boards, committee’s, and community awareness projects.

**Alyssa Tremblay, MSW**

Alyssa Tremblay, MSW, is the Evaluation Coordinator for the Kentucky Coalition Against Domestic Violence in Frankfort, KY. She has been working in the area of economic justice since 2014, specializing in program evaluation of financial education curriculum for survivors of domestic violence. Before coming to work in the field of research, she was passionate about her work in the area of inpatient mental health treatment of adults and children. Wellness and mindfulness were of particular interest to during her time working in that field.

**Yvonne Troya, JD**

Yvonne Troya is a Clinical Professor of Law at UC Hastings College of Law and is the founding legal director of the Medical-Legal Partnership for Seniors Clinic (MLPS), a project of the UCSF/UC Hastings Consortium on Law, Science, & Health Policy. This collaboration enables law students to work with medical providers to provide holistic, upstream medical-legal care for vulnerable older adult patients. MLPS is one of very few geriatric medical-legal partnerships and is recognized for its innovative approach to legal services for older adults. MLPS recently expanded to represent geriatric veterans seen at the San Francisco VA Medical Center.

**Kiyomi Tsuyuki, PhD, MPH**

Kiyomi Tsuyuki, PhD, MPH is a Project Scientist in the Division of Global Public Health in the Department of Medicine at the University of California, San Diego. She is a trained social epidemiologist with expertise in the intersecting epidemics of violence against women, drug and alcohol abuse, and HIV. Her research focuses on the mechanisms by which socio-structural inequity, stress, and immune dysfunction exacerbate disparities in substance use, violence, and HIV prevention and treatment among disadvantaged populations of men and women in the U.S. and Latin America.

**Chelsea Ullman, MPP**

Chelsea Ullman, MPP, is the Policy Associate at the George Washington University’s Global Women’s Institute (GWI). Having joined GWI at its founding, Chelsea has contributed to the strategic growth of GWI and developed key institutional communications programs and policy initiatives. Chelsea has represented GWI to a variety of stakeholders, including the State Department, international policymakers, etc. Chelsea is a double alumna of the George Washington University, and has a Masters in Public Policy with a focus in Social Policy and is currently pursuing a PhD in Public Policy and Public Administration with a focus in Gender and Social Policy.

**Beverly Upton, BA**

Beverly is the Executive Director of San Francisco Domestic Violence Consortium, a 17-member consortium of domestic violence organizations committed to effective direct services and public policy. She is a co-chair of the Mayor’s Family Violence Council and has worked on numerous pieces of local, state, and federal legislation and serves in an advisory capacity for several state and local initiatives. With a background in business and design, she joined the campaign for the human rights of garment workers in the 80’s, working with domestic manufacturers as well as in India and Pakistan to formalize codes of conduct for garment producers.
Alisa J. Velonis, MPH, PhD

Alisa Velonis is an Assistant Professor in the Division of Community Health Sciences at the University of Illinois at Chicago School of Public Health and part of UIC’s Center of Excellence in Maternal and Child Health. Her research centers on the intersection of gender-based violence, structural inequities (such as poverty, marginal employment, and housing instability), and women’s well-being. Prior to life as an academic, Dr. Velonis spent nearly two decades in public health and community-based settings across the U.S. She is also an affiliated scientist with the Centre for Urban Health Solutions at St. Michael’s Hospital in Toronto, Ontario.

Neha Verma, BSPH

Neha Verma, BSPH is a medical student at the University of North Carolina at Chapel Hill. She is especially interested in women’s health. She has spent time working as a volunteer doula, performing cervical cancer screenings in Honduras, and serving as an apprentice to a traditional midwife in rural Guatemala. She is also passionate about creative writing and its intersections with health and healing. Her writing most recently appeared in Academic Medicine as a third-place winner of The Gold-Hope Tang Humanism in Medicine Essay Contest.

Bianca A. Villani

Bianca Villani is Director of Community Education and Outreach at Rape Crisis Center of Central New Mexico. She works to push the limits of sexual violence prevention education and explore innovative ways to talk about consent and healthy relationships. Bianca has presented at various conferences including the 2014 National Sexual Assault Conference in Pittsburgh and the 2015 TEDxABQ “Women in Momentum” event in Albuquerque. Bianca was invited to attend the 2016 President’s Women’s History Month Reception at the White House. She strongly believes each one of us can help prevent sexual violence and ensure future generations live free of it.

Pamela Wadsworth, PhD, RN

Pam Wadsworth, PhD, RN, is an assistant professor of nursing at Western Michigan University. She has been an RN for 17 years, 12 of which she worked as a women’s health nurse practitioner. She also worked as a sexual assault nurse examiner for 7 years before finishing her PhD in 2015. Dr. Wadsworth’s research is focused on exploring wellbeing after gendered violence.
Jennifer Wagman, PhD, MHS
Jennifer A. Wagman, PhD, MHS, is Assistant Professor in the Center on Gender Equity and Health at the University of California, San Diego’s (UCSD) School of Medicine (Department of Medicine, Division of Global Public Health). She is Co-Deputy Director of the Center of Expertise on Women’s Health, Gender and Empowerment at the University of California Global Health Institute.

Jeannette M. Walsh, B.SocStud, M.Health Science
Jeannette Walsh is a PhD candidate in the School of Social Sciences at the University of New South Wales (Australia). Her research focus is on access to universal well-baby health services for new mothers experiencing intimate partner violence. Jeannette is employed as the Violence and Abuse Prevention Program Coordinator in South Eastern Sydney Local Health District overseeing the implementation of domestic violence policy. She has extensive experience in the area of domestic violence and domestic violence education, with Health, non-government organizations and counselling services.

Debra M. Ward, MPH
Debra Ward, MPH is the Director of Strategic Development for Jenessse Center, Inc. a comprehensive domestic violence intervention and prevention organization. She has been part of the Jenessse family since 2010, and plays a key role in shaping Jenessse’s growth strategies as outlined in its strategic plan, including cultivating strategic partnerships. Ms. Ward has over 30-years of experience in public health, including community health centers, managed care, and maternal and child health. She is a former participant of the CLEAR Executive Training Program/ Spitfire Communications; and a past Senate Fellow and Policy Consultant for the California Senate.

Carole Warshaw, MD
Carole Warshaw, MD is the Director of the National Center on Domestic Violence, Trauma & Mental Health. She chaired the committee that wrote the AMA Guidelines on Domestic Violence and has served on the National Research Council Committee on the Assessment of Family Violence Interventions, the AMA National Advisory Council on Family Violence and the SAMHSA Advisory Committee on Women’s Services. Dr. Warshaw speaks about domestic violence, trauma, and mental health both nationally and internationally and has published numerous articles and chapters on these issues. She is an adjunct faculty member in the Department of Psychiatry at UIC.

Emily Waters, MPH, MSW
Emily Waters, MPH, MSW is the Senior Manager of National Policy and Research at the New York City Anti-Violence Project. Emily received her Master in Social Work and her Master in Public Health from the University of North Carolina at Chapel Hill and a Bachelor of Arts in International Relations and Human Rights with a focus on gender at the University of Southern California.
intimate partner violence, and connect patients to resources.

**Jessica Williams, PhD, MPH, APHN-BC**

Jessica Williams, PhD, MPH, APHN-BC, is an Assistant Professor at the University of Miami School of Nursing and Health Studies. She is a board-certified advanced public health nurse and a researcher with more than 10 years of experience in the area of violence prevention, evidence-based practice, and implementation science. Dr. Williams currently serves as PI on an epidemiologic study examining the implementation of national guidelines for routine screening of intimate partner violence in healthcare settings. In addition, she serves as co-investigator for a study examining health disparities in HIV and STI acquisition and HIV/STI testing among IPV victims.

**Corrine M. Williams, ScD**

Corrine Williams, ScD, is an Associate Professor in Health, Behavior & Society, and Obstetrics and Gynecology at the University of Kentucky. Dr. Williams’ research career has focused on the effects of various forms of violence on women’s health, specifically understanding the role of violence against women in reproductive control and decision making, including patterns of contraceptive use and health outcomes such as unintended pregnancy and sexually transmitted infections.

**Tiara C. Willie, MA**

Tiara C. Willie, MA is a predoctoral fellow in the NIMH Interdisciplinary HIV Prevention Training Program at the Center for Interdisciplinary Research on AIDS and is pursuing her PhD in Chronic Disease Epidemiology at the Yale School of Public Health. She earned her BS in Biology at the University of North Carolina at Chapel Hill and her MA in Women’s Studies at Southern Connecticut State University. Her research examines the etiology and health consequences of gender-based violence among populations at risk or currently experiencing violence, both domestically and globally.

**Elizabeth Wilmerding, MSW**

Elizabeth Wilmerding is a Prevention Program Manager at UC Berkeley. Elizabeth’s background is in violence prevention and the support of survivors of sexual and relationship violence, in both campus and community settings. Elizabeth is excited about her current role at UC Berkeley’s PATH to Care Center, the university’s organization devoted to violence prevention and survivor support, because of the opportunity to change culture for the better. She lives in Oakland, CA.

**Patty Wilson, PhD, RN**

Patty R. Wilson, PhD, RN is the Director for the Center for Community Innovation and Scholarship (CCIAS) at Johns Hopkins University School of Nursing. CCIAS is comprised of several community based programs and innovations focused on promoting health and wellness among underserved populations. Through student service learning opportunities, faculty involvement in research, scholarship, and advocacy, CCIAS promotes individual, family, and community capacities to attain and maintain health and wellness. Dr. Wilson recently earned her PhD at the University of Virginia. Her research is focused on the relationship among housing instability, race/ethnicity, depressive symptoms, and exposure to IPV among mothers.

**Denise Wilson, PhD**

Denise Wilson, PhD, is the Professor Maori Health and the Director of Taupua Waiora Centre for Maori Health Research at Auckland University of Technology. She undertakes research in Maori/indigenous health, cultural issues, family violence and health workforce development. She is the Deputy Chair of the HQSCs Family Violence Death Review Committee, and Chairs the Family Violence Prevention Investment Advisory Board. In 2011 Denise presented at the US Institute of Medicine Global Forum on Violence Prevention’s 2-day Workshop on Violence Against Women and Children. More recently, Denise co-authored the Glenn Inquiry's People’s Report on Child Abuse and Domestic Violence.

**Ingrid M. Wilson, BA(Hons), PgDL**

Ingrid Wilson, BA(Hons), PgDL is a Research Fellow and PhD candidate at La Trobe University, Melbourne, Australia. Ingrid’s doctoral thesis (submitted for examination late 2016) involved a grounded theory study of women’s experience of alcohol-related intimate partner violence, providing the first in-depth insight into the dynamics of partner drinking and violence, and the complexity of women’s relationships with a violent drinker. Ingrid has a strong interest in gender-based violence and she established and co-ordinates the La Trobe University Violence Against Women Research Network (LAVAWN). Ingrid has background in Criminology and has worked in alcohol policy for government and non-profit sector.

**Dee Wollstonecraft Michel**

Dee Wollstonecraft Michel is the Programs Director of St. James Infirmary, the nation’s only peer-based health clinic for sex workers. She has worked in harm reduction, transformative justice with queer youth, expanding the rights of trans women, and decriminalization for those involved in the sex trades for many years.
Colleen Yeakle, MSW
Colleen Yeakle, MSW has served as an advocate in the domestic and sexual violence field for 19 years and currently coordinates the DELTA FOCUS project for the Indiana Coalition Against Domestic Violence. With the DELTA FOCUS project, Colleen works with national, state, and community partners to develop new strategies for preventing intimate partner violence by creating community conditions that promote safety, respect, and equity for all members. Colleen received her Master’s Degree from the Indiana University School of Social Work in 2009, and was recognized as the school’s Distinguished Alumni in 2015.

Jennifer Bentley Yore, MPH
Jennifer Yore, MPH is a Program Manager at the Center on Gender Equity and Health (GEH) at UCSD, responsible for managing multiple domestic and international research studies in the fields of gender based violence, reproductive, maternal, neonatal and child health (RMNCH), gender equity, and HIV.

Mieko Yoshihama, PhD, MSW, ACSW
Mieko Yoshihama, PhD, LMSW, ACSW is a professor at the University of Michigan School of Social Work. Her research and practice focus on violence against women, immigrants, and community organizing. She has conducted numerous survey research projects on domestic violence and community-based prevention programs in the U.S. and Japan. Her work at local, state, national, and international levels over the last 20 years combines research and action to promote the safety and well-being of marginalized communities. Dr. Yoshihama serves on the boards and committees of various national, state, and local organizations aimed at ending violence against women.

Kelly C. Young-Wolff, PhD, MPH
Kelly Young-Wolff, PhD, MPH, is a licensed clinical psychologist and research scientist at the Kaiser Permanente Northern California Division of Research. She is also an Adjunct Assistant Professor in the Department of Psychiatry at the University of California, San Francisco. Dr. Young-Wolff received her BA in psychology from the University of California, Berkeley, and her MPH and doctorate from the University of Southern California. She completed her postdoctoral fellowship at the Stanford Prevention Research Center. Her research interests include investigating how stress and trauma and health-related policies shape disparities in the onset and course of substance use and psychiatric disorders.

Liz C. L. Wong, MSocSc
Wong, Cheuk Lam Liz is currently a part-time PhD student in Department of Social Work and Social Administration in The University of Hong Kong. She is also a full-time research assistant working with Dr. Anna Choi in research regarding service evaluation, post-separation violence, family violence, intimate partner violence, and children’s dispute since 2013, including an evaluation study of the Pilot Scheme on Children’s Dispute Resolution commissioned by the Hong Kong Judiciary in 2013-2015 and a study on child-visitation service. Her principal research interests lie in the influence of co-parenting and parenting on dating violence of young adult children.

Miriam Wong
A native of Peru, Miriam Wong is the Founder/Executive Director of The Latina Center serving 3,000 Latina women annually. For 20+ years she has worked in the domestic violence field developing culturally relevant programs for immigrant Latinas. The cornerstone of her work is Mujer, Salud y Liderazgo (Women, Health, and Leadership), a yearlong program building skills/self-confidence of natural community leaders (600+ trained). Survivors of family violence, many leaders work as staff, volunteers, and leaders in health and human services organizations throughout Contra Costa County. She’s received the KQED Unsung Hero Award and Assemblywoman Skinner’s 2010 Woman of the Year.

Shannon Wood, MSc
Shannon N. Wood, MSc is a doctoral student in the Department of Population, Family and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. Ms. Wood received a Bachelor of Arts in Medical Humanities from Baylor University and a Master of Science in Reproductive and Sexual Health Research from the London School of Hygiene and Tropical Medicine. At Johns Hopkins, her research focuses on gender-based disparities, particularly gender-based violence, and adverse reproductive and sexual health outcomes.

Kiricka Yarbough Smith, MSW
Kiricka Yarbough Smith, is currently the Project Administrator for the NC Council for Women and Youth Involvement Office under the North Carolina Department of Administration. Kiricka has over 18 years of combined experience working in the areas of mental health, developmental disabilities, substance abuse, domestic violence, sexual violence, and human trafficking. She has provided outreach, direct services, resources, and referrals to survivors of violence. She also serves as a consultant on human trafficking service delivery, collaboration, and taskforce development for OVC.
Ruth Zakarin, LICSW
Ruth Zakarin has been working in the field of domestic and sexual violence for 22 years, and has experience in a variety of venues, including community, shelter, and hospital based programs. Ruth has supervised advocacy staff, clinicians, and interns, and has herself provided services to child, adolescent, and adult survivors of domestic and sexual violence. Ruth has overseen community based, emergency shelter, transitional housing, mental health, child witness to violence, rape crisis, supervised visitation, and batterers’ intervention programs. Ruth has a Masters of Social Work degree from the University of Pennsylvania, and is a Licensed Independent Clinical Social Worker.

Catherine Zaw, BS, BA
Catherine Zaw is a first-year MD/MPH student at the University of Miami Miller School of Medicine. She is passionate about preventative population health and community empowerment through engagement and education. Her interest in domestic violence stems from her experience managing an unhoused women’s shelter and in learning to what extent intimate partner violence can affect lives, particularly at the intersections for LGBTQ-identifying individuals and ethnic minorities.

Jennifer Zelaya, MPH, MSW
Jennifer Zelaya is a Research Associate at the Global Women’s Institute at George Washington University. In this role, she helps to manage the Latin America research portfolio. During the summer of 2015, Jennifer was a Child Protection and Gender-Based Violence Intern at the US Agency for International Developments (USAID) Office of Foreign Disaster Assistance (OFDA). Jennifer has previously managed community-based and clinical research studies related to trauma and anxiety disorders in children and adolescents. She also has extensive experience providing therapy to adults and children who experience a wide-range of psychosocial stressors.

Micah Zimmermaker
Micah is the Prevention and Education Policy Specialist for the California Partnership to End Domestic Violence. Micah has 10 years of public health and policy experience with the City of Long Beach and Los Angeles County. His work has covered teen pregnancy prevention, HIV and STD education, healthy relationship building, and the creation and implementation of tobacco prevention policies. He is a graduate of California State University Los Angeles with a Bachelor of Arts in Sociology. He has also previously served as a volunteer advisor for the statewide Youth and Government Program and an advocate for undocumented students rights.
Anisa Ali, MA
Originally from the DC area, Anisa Ali joined the FUTURES Health team in July 2014. As a Program Specialist at FUTURES, Anisa provides technical assistance to a California-based program and a national program of partnerships between domestic violence advocates and health providers. Prior to her work at FUTURES, Anisa worked and interned for women's rights organizations, served as an Americorps volunteer in Madison, WI, and taught English as a Fulbright scholar in Turkey. Anisa earned her MA in Gender and Women’s Studies from the University of Wisconsin-Madison and her undergraduate degrees in International Studies and Spanish from Virginia Tech.

Elaine Alpert, MD, MPH
Dr. Alpert is an internationally-respected family violence, sexual assault, and human trafficking education, advocacy, and policy expert. As a 2009 Fulbright Scholar and Visiting Associate Professor at the University of British Columbia (UBC) College of Health Disciplines, she directed the Interpersonal Violence Prevention Program, developed and taught two courses, and created the UBC Violence Intervention and Prevention (VIP) Connector. Splitting her time between Vancouver, BC and Boston, MA, Dr. Alpert teaches in UBC’s School of Medicine, contributes her expertise to the Massachusetts Medical Society, and consults globally about the health care response to interpersonal violence.

Nefertiti Asanti
Nefertiti Asanti works at CUAV as a survivor advocate. She is a writer, cultural worker, and sometimes performance poet from the Bronx, New York. Her work explores healing, Afrofuturism, queerness, and womanist musings. For over a decade, Nefertiti has been featured in several original spoken word and theatre works staged throughout New York City and nationally. Nefertiti’s poetry has been published in Apiary 8: Soft Targets and Hey Shorty!: A Guide to Combating Sexual Harassment in Schools and on the Streets.

Susie Baldwin, MD, MPH
Susie Baldwin, MD, MPH, President of the Board HEAL, is the Sexually Transmitted Disease Controller for the Los Angeles County Department of Public Health (DPH), in the Division of HIV and STD Programs. She is a preventive medicine physician who previously served as Principal Investigator for the LA County Health Survey, Medical Director for the California Family Health Council and Planned Parenthood of Southern Arizona, cervical cancer prevention researcher, and provider of family planning services. She is a member of the Planned Parenthood Federation of America National Medical Committee and board member for Physicians for a National Health Program- California.

Leigh Ann Breckenridge, DNP, BSN
Dr. Leigh Ann Breckenridge is an Associate Clinical Professor at the Loewenberg College of Nursing. She has experience in pediatric and obstetric/women’s health nursing. Dr. Breckenridge’s areas of interest are: breastfeeding, childhood obesity, Asperger’s syndrome, and Adverse Childhood Experiences. She is actively involved in curriculum integration of ACEs at Loewenberg College of Nursing. Asthma education for teachers, school administration, and parents in Shelby Schools is another area of involvement. She is also involved in the ACES curricular integration at Loewenberg College of Nursing.

Kimberly Chang, MD, MPH
Kimberly S.G. Chang, MD, MPH, is a Family Physician at Asian Health Services in Oakland, California. She has extensive experience in policy and direct health care for people who have been trafficked and exploited, including developing screening tools and protocols, conducting training and technical assistance to multidisciplinary organizations, and conducting community capacity building for prevention. A graduate of Columbia University, the University of Hawaii Medical School, and the Harvard School of Public Health, Dr. Chang’s training includes a family medicine residency at the San Francisco General Hospital, UCSF, and the Commonwealth Fund Fellowship in Minority Health Policy at Harvard.

Anna Chodos, MD, MPH
Dr. Anna Chodos is an Assistant Professor of Medicine at Zuckerberg San Francisco General and the Division of Geriatrics, both within the Department of Medicine at UCSF. Her clinical work is in general primary care and in geriatrics, and her academic work is focused on improving clinical programs to meet the needs of older adults in the safety net. She is the Co-Principal Investigator of the Geriatrics Workforce Enhancement Program, which trains health care providers and social service providers in geriatrics. She is also the medical director of the outpatient Geriatrics Consult Service at Zuckerberg San Francisco General Hospital.

Saerom Choi, BA, MA
Saerom Choi is the Case Management Coordinator for the Anti-Trafficking Project at Asian Pacific Islander Legal Outreach in the Bay Area, California. In this role, she coordinates client services and provides trainings and technical assistance for service providers as part of the Anti-Trafficking Collaborative of the Bay Area (ATCBA) - a multi-disciplinary collaborative committed to serving survivors of sex and/or labor trafficking from a human...
Casey Corcoran, MAT
Casey Corcoran is a Program Director with the Children and Youth Program at Futures Without Violence. His work currently focuses on children exposed to violence, college sexual assault, and working with men who have used violence. Before coming to FUTURES he worked at the Boston Public Health Commission as the Director of the Start Strong: Building Healthy Teen Relationship Initiative. He has also worked with at-risk adults and youth in Boston, around issues of dating violence, domestic violence, sexual health, and healthy conflict resolution. He received his MAT from Trinity College and is a certified batterer/dating violence intervention counselor.

Chic Dabby
Chic Dabby is the Executive Director of the Asian Pacific Institute on Gender-Based Violence, a national resource center engaged in advocacy, research, policy, training, technical assistance provision, and analyzing critical issues. Given over 30 years of experience on GBV, she writes, trains, and presents on domestic violence against Asian immigrant and refugee women; lifecourse violence and its effects on health, mental health, economic security, and help-seeking; international and domestic sex trafficking; intimate homicide; child custody; program design implementation; forced marriage; trauma-informed care; elder abuse; battered mothers in child welfare system; and sexual violence, particularly in conflict and disaster zones.

Rosalind De Lisser, MS, RN, FNP-BC
Rosalind is a Board Certified Psychiatric and Family Nurse Practitioner and has worked in integrated roles in public and military mental health and primary care settings since 2002. She has experience in treatment of mental health conditions across the lifespan and has a practice focus on individuals exposed to complex trauma. She currently works with UCSF Division of Population Health as a Faculty Psychiatric Consultant to the Care Support/ Complex Care Team.

Sharan Dhanoa, JD
Sharan Dhanoa is Director of Strategic Development for the South Bay Coalition to End Human Trafficking, a collaboration with over thirty-five member agencies. In May 2014, she began facilitating No Traffick Ahead, which is unifying efforts in seven counties in order to effectuate collective impact across sectors. Sharan worked with women trafficked into sexual exploitation in Calcutta, India, aiding their development through economic empowerment and life skills building. She holds a Masters degree in Criminology from the London School of Economics and Political Science, and a Juris Doctorate from Santa Clara University School of Law.

Elena Dineen, JD
Elena Dineen, is a Staff Attorney for Programs at FUTURES. Prior to joining FUTURES, Ms. Dineen directed the Salinas, California office of California Rural Legal Assistance, Inc. where she worked for six years representing farmworkers and other low-wage workers and their families in employment, education, housing, and immigration cases and litigation. In addition to her work on the Workplaces Respond Project, Ms. Dineen helps implement the OVW TA project Building Collaborative Responses to Trafficked Survivors of Domestic Violence and Sexual Assault.

Virginia Duplessis, MSW
Virginia Duplessis, MSW is a Program Director at Futures Without Violence providing oversight for initiatives strengthen partnerships between the health care and domestic violence services sector. She was most recently the Assistant Director of Prevention at the PATH to Care Center at UC Berkeley, where she was responsible for developing and implementing a comprehensive prevention plan to address gender-based violence, dating/domestic violence, stalking and sexual harassment. She brings over 15 years of experience in domestic violence, sexual assault, and public health. Ms. Duplessis received her BA in Communications from Stanford University and her MSW from UC Berkeley.

Ken Epstein, PhD
Dr. Ken Epstein is the Children’s System of Care Director for San Francisco County Behavioral Health Services. He leads the vision and implementation of the Trauma Informed Systems Initiative and serves as the Principal Investigator for Trauma Transformed a regional SAMHSA grant. Prior to his appointment to this position he has worked within family and youth service programs since 1981 as a line worker, clinician, program director, professor and chief executive officer. Dr. Epstein is a Licensed Clinical Social Worker with a Ph.D. in clinical social work from Smith College and an MSW from UC Berkeley.

Kathleen M. Franchek-Roa, MD
Kathleen Franchek-Roa, MD is an Assistant Professor of Pediatrics at the University Of Utah. Dr. Franchek-Roa teaches residents, medical students, physicians, and staff how violence victimization and exposure impacts children’s mental and physical health across the lifespan. Dr. Franchek-Roa is the Chair of the University of
Utah Hospital and Clinics Domestic Violence Committee. This Committee has developed guidelines for assisting physicians and staff in the identification of and interventions for patients who are victims of abuse, neglect, and/or exploitation. Through her work on this Committee, the University of Utah health care system is transforming into a trauma-informed system.

Lindsay Gezinski, PhD
Dr. Lindsay Gezinski received her PhD in Social Work and Graduate Minor in Women’s, Gender and Sexuality Studies from The Ohio State University and joined the University of Utah, College of Social Work in 2011. Her scholarly work takes place at the intersection of gender, poverty, and informal economies in a globalized world with a primary research stream focusing on low-income women’s participation in sex work and human trafficking. This work has examined the relationship between gender-based violence and sexual health internationally. Dr. Gezinski also serves as Board Secretary and unpaid research consultant for the Utah Domestic Violence Coalition.

Holly Gibbs
Holly Gibbs is the Director of the Human Trafficking Response Program for Dignity Health. She is a leader in the field, has authored a book on human trafficking, published many articles, and presents nationally to medical groups and other organizations. She is a survivor of human trafficking and has authored a book on human trafficking and advocates.

Marie E. Gill, PhD, RN
Marie Gill, PhD, RN is an Assistant Professor of Nursing at the Loewenberg College of Nursing. Her areas of teaching are related to nursing research and evidence-based practice, and the development of leadership and management skills in undergraduate nursing students. Dr. Gill’s program of research focuses on health literacy interventions to promote sobriety in Drug Court Diversion Program clients. She has worked with counselors and treatment providers to identify clients at risk for dropping out of the program and who need increased Drug Court interventions to complete the 1-year program.

Shaina Goodman, JD, MSW
Shaina Goodman, JD, MSW, is the Policy Manager at the National Resource Center on Domestic Violence, where she provides programmatic leadership and oversight to NRCDV’s administrative advocacy and policy-related technical assistance, with an emphasis on the intersection of domestic violence and family policy, economic justice, housing, and public benefits. Shaina has prior experience in federal legislative and appropriations advocacy, grassroots organizing, campus-based advocacy and training, and facilitating dialogue on social justice. Shaina received her JD, Master’s in Social Work, and Bachelor’s degree in Women & Gender Studies from Washington University in St. Louis.

Yesenia Gorbea, MSW
Yesenia works on developing national violence prevention campaigns that engage a variety of audiences including youth, men and boys, educators, and coaches. Yesenia’s expertise lies in creating programming that deepens public engagement, harnessing the power of campaign messaging and momentum into sustainable social norm change. Prior to FUTURES, Yesenia worked at the New York City Anti-Violence Project (AVP), where she provided crisis intervention, counseling, and advocacy services to LGBTQH survivors. Yesenia received her Masters degree in Social Work at New York University, and her BA in Social Action/Social Change and Gender Studies from Simon’s Rock College of Bard.

Peg Hacskaylo
Peg Hacskaylo is a social work professional designing and delivering services for women, families, and victims of crime for more than 25 years. In 2006, she founded the District Alliance for Safe Housing (DASH) to ensure access to safe housing for survivors of domestic and sexual violence in Washington, DC. At DASH, Ms. Hacskaylo has overseen the development of innovative programs providing safe housing options for hundreds of survivors and their families. She recently launched the National Alliance for Safe Housing to provide training and TA at the intersection of domestic violence and homelessness for other jurisdictions across the country.

Jennifer Haddad, MTP
Jennifer is a lead trainer and personal chef in California. She currently serves as Program Consultant for Futures Without Violence, leading the statewide DHVCP Initiative. For 11 years she directed a historic, high-volume women’s health clinic. Jennifer has over 15 years of experience in women’s health, reproductive health, and community health programs. She has provided health education to thousands of women, men, and teens helping to improve their health knowledge and access to care. She has trained hundreds of providers and clinicians and has authored several clinic protocols and toolkits serving as a model for care across the country.

Tasneem Ismailji, MD, MPH
Tasneem Ismailji, MD, MPH is an educator/researcher in the field of health effects of violence and abuse. Dr. Ismailji, a pediatrician, is a co-founder, current Board member, past Board Chair and past
President of the Academy on Violence and Abuse (AVA), a nonprofit organization that works to advance health education and research on the prevention, recognition, and treatment of the health effects of violence and abuse across the lifespan. She serves on the Medical Committee of the Santa Clara Domestic Violence Council in California. She has served on the Advisory Board of the NCTS (2011-2016).

Lisa James, MA
Lisa James is Director of Health at Futures Without Violence. Ms. James has collaborated with healthcare provider, policy makers, and domestic violence advocates in over 20 states to develop statewide health responses to domestic violence. She currently helps coordinate Health Resource Center on Domestic Violence, and the National Conference on Health Care and Domestic Violence.

Martina Jelley, MD, MSPH
Martina Jelley, MD, MSPH, FACP is a professor and Vice Chair for Research in the Department of Internal Medicine at University of Oklahoma School of Community Medicine. Following medical school and residency at OU, she completed a fellowship in general IM and Master of Science in Public Health at CU-Denver. Dr. Jelley is chair of OUHSC IRB and served as interim chair of her department. She has research interests in the health effects of violence and abuse, smoking cessation, and preventive medicine. Recently she is teaching residents how to address effects of adverse childhood experiences in adult patients using simulation.

Audrey A. Jiricko, MD
Audrey Jiricko, MD is an obstetrician/gynecologist who is Co-Chair of Intermountain Healthcare's Intimate Partner Violence Work Group. She has a keen interest in public health and is optimistic about improvements in health when healthcare providers and systems integrate with community resources. She sees steady progress working as a physician and a board member of the Utah Domestic Violence Coalition and the YWCA Utah.

Marylouise Kelley, PhD
Marylouise Kelley, PhD, began working in the field of domestic violence and sexual assault in 1983 as a community-based program advocate. She now manages the Department of Health and Human Services’ Family Violence Prevention and Services Program, the primary federal stream dedicated to supporting shelter and supportive services for victims of domestic violence and their children, and a network of state and national training and technical assistance resources. She has over 30 years of experience managing diverse programs including domestic violence, sexual assault, child abuse, legal, health care, substance abuse services, immigration and refugee services, and family support centers.

Leigh Kimberg, MD
Leigh Kimberg, MD is a Professor of Medicine and the Director of PRIME-US (Program in Medical Education for the Urban Underserved) at the University of California, San Francisco (UCSF). She graduated from Harvard Medical School and completed a primary care medicine residency at San Francisco General Hospital, UCSF. She has practiced primary care in safety-net settings for over two decades. Dr. Kimberg coordinates intimate partner violence (IPV) and family violence prevention programs for the San Francisco DPH. She is the principle investigator of the federally funded ARISE program. She maintains an IPV prevention website for healthcare providers at www.leapsf.org.

Surabhi Kukke, MPH
Surabhi Kukke, MPH serves as a Health Programs Consultant to Futures Without Violence, focusing on capacity building and resource development for health care workers on assessment and response to IPV and the intersections between IPV and HIV. Prior to doing state and national work in the U.S., she worked in the international development sector providing operational and evaluation support to community-based HIV/AIDS and reproductive health programs in southern Africa and South Asia. She has also provided technical and research support to international agencies including UNDP, UNIFEM, and Action Aid. Kukke has a master’s degree in public health from Harvard University.

David Lee, MPH
David S. Lee, MPH, is the Director of Prevention Services at the California Coalition Against Sexual Assault (CALCASA). David manages PreventConnect, the nation’s leading online community to advance primary prevention of sexual and domestic violence. David has been involved in the movement to end sexual assault and domestic violence since 1982 working with a variety of local sexual assault and domestic violence prevention agencies. He completed his Masters in Public Health at University of California Berkeley in Community Health Education focusing on violence prevention. David is the co-author of the article “Sexual Violence Prevention” (2007) in The Prevention Researcher.

Debbie Lee, BA
Debbie Lee is a Senior VP for Health at Futures Without Violence and served as the Deputy Director of Start Strong: Building Healthy Teen Relationships. Ms. Lee directed Futures’ National Health Initiative on Domestic Violence (NHI) to strengthen health care
response to domestic violence, which included the Department of Health and Human Services Health Resource Center on Domestic Violence, 27 state public health and domestic violence coalition partnerships, and an initiative with 15 health centers in Tribal communities.

Rebecca Levenson, MA
Rebecca Levenson is health consultant for Futures Without Violence. Prior to her move to the consultancy world in July 2013, she worked as a Senior Policy Analyst for Futures Without Violence from 2000 to 2013. A nationally-recognized researcher, educator, advocate, and speaker, she has worked extensively in the area of adolescent, reproductive and perinatal health, and home visitation programs for the past 20 years. Ms. Levenson is the co-author of numerous publications and domestic violence training resources, including FUTURES safety cards and related strategies as well as Healthy Moms, Happy Babies a Train the Trainer Curriculum for Home Visitors.

Annie Lewis-O’Connor, PhD, NP-BC, MPH
Dr. Annie Lewis-O’Connor is a dually Board Certified Nurse Practitioner in Pediatrics and Women’s Health. She is the Founder and Director of the C.A.R.E Clinic (Caring Approach to Recovery & Empowerment) which provides patient centered and trauma-informed health care to people who have been intentionally harmed by violence. Since 2012 Annie has served as one of the Tri-Chairs of the Partners-wide Steering Committee on Trauma Informed Care with the goal of embedding TIC into clinical practice.

Edward Machtinger, MD
Edward Machtinger, MD, is a Professor of Medicine and Director of the Women’s HIV Program at the University of California, San Francisco (UCSF). The focus of his research, advocacy, and clinical innovation has been towards developing, implementing, and evaluating a scalable model of trauma-informed primary care. In partnership with the Robert Wood Johnson Foundation, he now leads a national demonstration site of trauma informed primary care at UCSF. His team is conducting among the implementation studies of this powerful model, with the goal of publishing an evidence-based scalable blueprint any clinic can use to implement trauma-informed primary care.

Lindsay McDaniel Mapp
Lindsay McDaniel Mapp is the National Project Manager for CALCASA/Prevent Connect’s partnership, Raliance. We collaborate closely with the National Sexual Violence Resource Center (NSVRC) and the National Alliance to End Sexual Violence (NAESV). Raliance’s mission is to end sexual violence in one generation by raising the visibility and leveraging the collective power of sexual violence prevention programming, policies, and communications at the national level. Lindsay serves as a grantee liaison for Raliance’s grant program, developed and implemented Raliance’s ThisGEN: Youth Summit, and leads Raliance’s efforts to support sport in being part of the solution to end sexual violence.

Monica McLemore, PhD, MPH, RN
Monica McLemore is an assistant professor in the Family Health Care Nursing Department at UCSF, an affiliated scientist with Advancing New Standards in Reproductive Health and the Bixby Center for Global Reproductive Health. She was named Associate Director for Community Engaged Research for the UCSF Preterm Birth Initiative in California. She maintains clinical practice at San Francisco General Hospital in the Women’s Options Center. She is an elected member of the governing council for Population Reproductive and Sexual Health section of the American Public Health Association and recipient of the 2015 teaching award from the American College of Nurse Midwives.

Liz Miller, MD, PhD, FSAHM
Elizabeth Miller, MD, PhD, is director of Adolescent and Young Adult Medicine at Children’s Hospital of Pittsburgh of UPMC, and professor of Pediatrics at the University of Pittsburgh School of Medicine. Trained in medical anthropology as well as internal medicine and pediatrics, Dr. Miller’s research focuses on clinical and community based prevention interventions to address partner and sexual violence among adolescents and young adults.

Julie E. Miller-Cribbs, MSW, PhD
Julie is the Oklahoma Medicaid Endowed Professor in Mental Health and the current Director of the Anne and Henry Zarrow School of Social Work. She is also a Research Associate in the School of Community Medicine and the Director of Social Simulation on the OU-Tulsa campus. Julie has a bachelor’s degree in Psychology from Colorado College, a master’s degree in social work from the University of Chicago and received her PhD from Washington University George Warren Brown School of Social Work.

Gillian Morshedi, JD
Gillian Morshedi, JD, is a Staff Attorney for HomeBase, a nonprofit public interest law firm headquartered in San Francisco that works at the community, state, and national level to support communities in implementing responses to homelessness. Her primary area of focus is housing and healthcare coordination and integration, including building partnerships and leveraging mainstream
Savannah O’Neill, MSW
Savannah O’Neill works at the HIV Education Prevention Project of Alameda County. She coordinates naloxone distribution and overdose prevention training for all syringe exchange programs in Alameda County. She earned her MSW from University of Michigan and her BA from UC Santa Cruz, focusing on health disparities, harm reduction practices, and interpersonal mental health work. She is a Certified Addictions Treatment Counselor and State Certified HIV test counselor. She's dedicated to working within a harm reduction framework to develop interpersonal and systemic solutions for people who struggle with complex mental health issues, substance use, poverty, intimate partner violence, and trauma.

Lena O’Rourke, MPP
Lena began her career at Families USA, a national consumer health care organization, where she co-directed its government affairs operation and led their successful campaigns during federal health care reform. She helped build and maintain winning grassroots and grassroots coalitions, and is most proud of those that bring together diverse stakeholders to support the legislative campaigns. Lena is now founder and president of O’Rourke Strategies, a health care consulting firm dedicated to promoting good government and sound public policy. Lena specialized in legislative strategy, administrative advocacy, and developing strategic alliances.

Gwendolyn Packard
Gwendolyn Packard (Ihanktonwan Dakota) has worked for many years in Indian country at the national and tribal level. She has served as editor for six national Indian publications. In 1990 she was instrumental in founding the National Organization on Fetal Alcohol Syndrome (NOFAS). She served as Executive Director for Morning Star House, an advocacy program serving off-reservation Indian women and children who are victims of violence. She is a survivor of domestic violence, a writer, a grass roots organizer, and community activist. She is committed to addressing social and economic justice issues affecting the health and well-being of Indian people.

Lisa Fujie Parks, MPH
Lisa Fujie Parks, MPH, is an associate director at Prevention Institute where her portfolio includes projects focused on promoting health equity and community resilience and preventing multiple forms of violence and trauma. Lisa has 20 years of leadership, program, and policy experience at local, state, and national levels. Lisa’s work embodies a holistic, multi-sector approach that reflects her background in community development and public health. Lisa has designed, implemented, and evaluated resources to better serve people with housing and health needs. Gillian led the team that designed, planned, produced, and facilitated 20 Housing and Healthcare Systems Integration action planning sessions around the nation in 2014-2016. Other focus areas include strategic planning and CoC/HEARTH/HMIS legislation, regulation, and implementation.

Paul Mulbah Jr., BS
Paul Mulbah is a former Division-1 athlete and coach driven to build up young men. His vision led to one of the first implementations of Coaching Boys in Men (CBIM) in Division-1 collegiate football. Coach Mulbah was so inspired by the effect of the program that he left his job as a coach to become a CBIM trainer throughout Southwestern PA. Coach Paul is also currently working as a youth violence prevention specialist on the collegiate and high school level at Children’s Hospital of UPMC and the University of Pittsburgh.

Brian O’Connor, MS
A former marketer of global brands such as Gatorade, Lucky Charms, and Kodak, and reporter for the Village Voice, Brian O’Connor is the Director of Public Education Campaigns and Programs for Futures Without Violence. There, Brian crafts violence prevention campaigns reaching various audiences. His work engaging men inspires them to model positive masculinity and teach boys that violence never equals strength. Brian holds a masters from Columbia University and is a member of the National Association of Black Journalists. He is the former president of the board of Root Division, an arts-education non-profit based in San Francisco where he lives.
local and state-level prevention initiatives employing policy, communications, and coalition-building strategies. She also has experience providing capacity-building services, including curriculum development, training and TA, and facilitation of learning networks.

**Lidia Salazar**  
Lidia Salazar joined CUAV in 2013 already a seasoned advocate with 11 years of experience supporting survivors of violence. Committed to supporting the leadership of folks most impacted by violence, she is a fierce advocate for Bay Area LGBTQ community of survivors and a leader in the community of partners fighting for those most impacted by violence. CUAV supports the wellness of predominantly low- and no-income LGBTQ people surviving violence through advocacy-based counseling, support groups, as well as leadership development, education to community partners, while maintaining the visibility and importance of those we support via coalition work and mobilizations.

**David Schneider, MD, MSPH**  
Dr. Schneider is professor and chairman of the Department of Family and Community Medicine at the University of Texas Southwestern medical school in Dallas. He graduated from Boston University Medical School, the Duke/Southern AHEC Family Medicine Residency Program, and received a Masters of Science in Public Health from the University of Missouri. His career has focused on the health effects of toxic stress and violence. He works nationally to strengthen health professions education on violence and abuse, was Founding President of the Academy on Violence and Abuse, and is past chair of the National Health Collaborative on Violence and Abuse.

**Julie Schoen, JD**  
Julie Schoen (Shane) brings her passion for all aspects of aging issues to her role as Deputy Director of the National Center on Elder Abuse (NCEA) at the Keck School of Medicine at USC. She is an attorney with a background in Medicare Advocacy. She hopes to build public awareness by collaborating with experts in the field. She serves on many advisory boards and the National Organization of Victim Assistance. Julie’s influence in the aging field has been well documented in the Wall Street Journal, New York Times, and USA Today.

**Lisa Sohn, MSc**  
Lisa Sohn is a Program Director on Futures Without Violence’s Health Team. In her work, she focuses on developing prevention programs and providing technical assistance particularly related to early adolescence and middle school-age youth. She also directs the Campus Leadership Program, a fellowship for graduate-level students in health-related fields of study who are working to prevent sexual violence on college campuses through policy change, curriculum change, and social norms change. Contributing to FUTURE’s work on Childhood Exposure to Trauma, Lisa has developed field-building convenings and strategic actions regarding partnerships and a national social awareness-raising campaign, “Changing Minds”.

**Kiersten Stewart, MA**  
Kiersten Stewart is the Director of Public Policy and Advocacy for Futures Without Violence, where she advocates on behalf of abused women and their families and works to prevent violence in our homes and around the world. Prior to joining the Futures Washington DC office, she was the Chief of Staff to U.S. Rep. Maurice Hinchey (D-NY), handling his legislative work around women’s issues, HIV/AIDS, civil rights, immigration and poverty, and managing his successful 1998 campaign.

**Hanni Stoklosa, MD**  
Hanni Stoklosa, MD, MPH, Executive Director of HEAL, is an emergency physician at Brigham and Women’s Hospital, Harvard Medical School. Dr. Stoklosa is a well-recognized investigator, advocate, and speaker focusing on the public health of trafficking survivors in the U.S. and internationally. She has advised the United Nations, U.S. Department of Health and Human Services, Department of Labor, and Institute of Medicine on issues of human trafficking and testified as an expert witness multiple times before the U.S. Congress.

**Laurie Thompsen**  
Laurie Thompsen is the Health & Mental Health Coordinator for the WV Coalition Against Domestic Violence. Her work includes public policy, training, and other activities promoting DV intervention and prevention within systems. She is project director for the WVCADV Health Partnership Committee, the Mental Health Initiative, and the Head Start for Safety project, which recently published model policy for responding to DV within Head Start programs. Laurie serves on the DHHR Bureau for Public Health Domestic Violence Work Group, the DHHR Bureau for Behavioral Health and Health Facilities Advisory Board and the WV Domestic Violence Fatality Review Team.

**Sarita Turner**  
Sarita Turner has over 20 years of experience working in the non-profit sector raising awareness around, and supporting strategies to address institutionalized racism and the disinvestment of people and communities. Sarita has worked in various positions...
authored Unto the Third Generation, a bold initiative that outlines the steps we must take to eliminate child abuse in America in three generations.

**Carole Warshaw, MD**
Carole Warshaw, MD is the Director of the National Center on Domestic Violence, Trauma & Mental Health. She chaired the committee that wrote the AMA Guidelines on Domestic Violence and has served on the National Research Council Committee on the Assessment of Family Violence Interventions, the AMA National Advisory Council on Family Violence, and the SAMHSA Advisory Committee on Women's Services. Dr. Warshaw speaks about domestic violence, trauma, and mental health both nationally and internationally and has published numerous articles and chapters on these issues. She is an adjunct faculty member in the Department of Psychiatry at UIC.

**Arami Youn, JD**
Arami Youn is a staff attorney at Asian Pacific Islander Legal Outreach (APILO), where she has worked for the past four years. She began at APILO in their Violence Against Women Project serving survivors of domestic violence. Arami now focuses her work in APILO’s Anti-Human Trafficking Project, representing human trafficking survivors in their immigration matters. Arami received her Bachelor of Arts in Asian American Studies and Political Science from the University of California, Los Angeles, and her Juris Doctor from the University of California, Hastings College of the Law. She is a proud Oakland-native.

**Hamida Yusufzai, BA**
Hamida has worked internationally as a community organizer, a rape crisis advocate, and consultant for law enforcement; she has a global understanding of violence against women. She volunteers and instructs a trauma based approach self-defense class for women and girls. Hamida is developing Banteay Srei’s training resources and best practice for professionals. She has over 15 years of experience working in youth organizing with system-impacted youth of color. She is an advocate for comprehensive services for CSEC and contributes to the enhancement of the intensive case management component used to address the economic and emotional needs of SEA young women.
About the National Health Resource Center on Domestic Violence

For more than two decades, the National Health Resource Center on Domestic Violence has supported health care practitioners, administrators and systems, domestic violence experts, survivors, and policy makers at all levels as they improve health care’s response to domestic violence. A project of Futures Without Violence, and funded by the U.S. Department of Health and Human Services, the Center supports leaders in the field through groundbreaking model professional, education and response programs, cutting edge advocacy and sophisticated technical assistance. The Center offers a wealth of free culturally competent materials that are appropriate for a variety of public and private health professions, settings and departments.

FOR FREE TECHNICAL ASSISTANCE, AND EDUCATIONAL MATERIALS:
www.FuturesWithoutViolence.org/health
ipvhealth.org
415-678-5500
TTY: 800-595-4889
health@FuturesWithoutViolence.org
CONFERENCE AGENDA

MONDAY, SEPT 25, 2017
3:00pm-7:00pm  Registration | Registration Desk – Level B2

TUESDAY, SEPT 26, 2017 | PRE-CONFERENCE INSTITUTES
7:00am – 7:00pm  Registration | Registration Desk – Level B2
8:30am – 12:00pm  Morning Pre-Conference Institutes
12:00pm – 1:00pm  Lunch | Salon 9
1:00pm – 4:30pm  Afternoon Pre-Conference Institutes
5:00pm-7:00pm  Know Your IX + Academy on Violence and Abuse Student Mixer
Jillian’s | 175 4th Street, San Francisco 94103

WEDNESDAY, SEPT 27, 2017 | DAY I OF TWO-DAY CONFERENCE
6:30am-6:00pm  Registration | Registration Desk – Level B2
7:00am – 8:00am  Continental Breakfast | Salons 8 + 9
8:00am – 9:15am  Opening Session: Welcome + Plenary #1 Where is Health Care Headed and What does it mean for Violence Prevention and Response? | Salons 8 + 9
9:15am – 10:25am  Plenary #2: Gender Based Violence and Migration: Building Paths to Safety and Health | Salons 8 + 9
10:20am – 10:40am  Exhibit Hall + Poster Viewing | Salon 7
10:40am – 12:00pm  Workshop Session #1
12:10pm – 1:10pm  Luncheon: Sarah Jones performance | Salons 8 + 9
1:25pm – 2:45pm  Workshop Session #2
2:45pm – 3:40pm  Afternoon Break + Exhibit Hall + Poster Viewing | Salon 7
3:40pm – 5:00pm  Workshop Session #3
5:00pm – 6:00pm  Exhibit Hall + Poster Viewing | Salon 7
6:00pm – 7:30pm  Evening Celebration | Salon 9

THURSDAY, SEPT 28, 2017 | DAY II OF TWO-DAY CONFERENCE
7:00am – 4:00pm  Registration | Registration Desk – Level B2
7:00am – 8:00am  Continental Breakfast and Exhibit Hall + Poster Viewing | Salon 7
8:00am – 9:20am  Plenary #3: Centering Anti-Racism in the Response to Intimate Partner Violence
9:20am – 9:50am  Exhibit Hall + Poster Viewing | Salon 7
9:50am – 11:10am  Workshop Session #4
11:25am – 12:45pm  Workshop Session #5
1:00pm – 2:00pm  Luncheon | Salons 8 + 9
2:10pm – 3:30pm  Workshop Session #6
3:30pm – 3:45pm  Exhibit Hall + Poster Viewing | Salon 7
3:50pm – 5:00pm  Plenary #4 and Closing: Centering Expert Voices: About Childhood Trauma from Youth and Community Advocates | Salons 8 + 9