Guidelines for Responding to INTIMATE PARTNER VIOLENCE in Mental Health Settings

National Hispanic & Latino
MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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The National Hispanic and Latino MHTTC recognize the complexities associated with gender and ethnic identification. With the intention of both facilitating a fluent reading of the text and supporting an inclusive and respectful language, this document uses terms that are linguistically neutral and inclusive of diverse gender groups and identities. In this document, we also use the term Latinx to encompass ethnic identity as well as non-binary gender identification.

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Institute of Research, Education, and Services in Addiction (IRESA)

The Institute of Research, Education, and Services in Addiction (IRESA) of the Universidad Central del Caribe leads the National Hispanic and Latino MHTTC. The Center serves as a national subject matter expert and a key resource for the workforce and communities seeking to address mental illness prevention, treatment, and recovery support to reduce health care disparities among Hispanic and Latino populations across the United States and its territories. In partnership with state and local governments, mental health providers, consumers and family organizations, Hispanic stakeholders, Substance Abuse Mental Health Services Administration (SAMHSA) regional administrators, and the MHTTC Network, the Center seeks to accelerate the adoption and implementation of mental health-related evidence-based practices.

National Hispanic and Latino Mental Health Technology Transfer Center

The mission of the National Hispanic and Latino Mental Health Technology Transfer Center is to provide high-quality training and technical assistance to improve the capacity of the workforce serving Hispanic and Latino communities in behavioral health prevention, treatment, and recovery. We disseminate and support the implementation of evidence-based and promising practices to enhance service delivery, promote the growth of a diverse, culturally competent workforce, and bridge access to quality behavioral health services. We are committed to increasing health equity and access to adequate culturally and linguistically grounded approaches.

The School-Based Mental Health Project (SMH)

The School-Based Mental Health Project (SMH) of the National Hispanic and Latino MHTTC works specifically with schools, organizations, and professionals to strengthen their capacity to provide culturally and linguistically responsive school mental health services. This initiative facilitates training, technical assistance, and capacity-building efforts led by experts in the field. Our goal is to increase awareness to attend to Latino students' mental health needs, promote the implementation of school mental health services that are culturally appropriate, encourage the use of promising and evidence-based practices, and disseminate information on practical strategies and implementation efforts of mental health services within a cultural context.

Intimate Partner Violence: Sociocultural Considerations while Working with Latina Survivors

Hispanics and Latinos are the largest minority in the United States, and currently comprise 18.5% of the total US population (US Census Bureau, 2020). The US Census projects that this number will increase and that by 2030, Latinos will represent 21.1% of the total US populations. The terms Hispanic, Latino and Latinx have been used to describe a group of heterogeneous populations which includes individuals from over 20 countries. Given these numbers, it is important for mental health services providers and programs serving Hispanic, Latino and Latinx populations to explore cultural nuances and address identity and culture.

Intimate partner violence (IPV) is a serious, preventable public health problem that affects millions of individuals (CDC, 2019). The term “intimate partner violence” describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples. Data indicates that Latinas experience similar rates of Intimate Partner Violence (IPV) as compared to non-Latinas. About 1 in 3 Latinas (34.4 %) will experience IPV during her lifetime and 1 in 12 Latinas (8.6%) has experienced IPV in the previous 12 months including physical and sexual violence as well as stalking. Research also suggests that Latinas tend to report incidents of IPV less frequently than their counterparts. Furthermore, Latinas have been found to be more likely to experience mental health challenges as a result of IPV experiences while seeking services less frequently than other groups (Belknap and Sayeed, 2003; Smith et al, 2017; Cuevas and Sabina, 2010).

A. Gender-based Violence in Latino Communities

According to the World Health Organization (WHO, 2020) gender refers to socially defined characteristics of men and women as well as their roles and relationships. What is expected according to gender varies from culture to culture and may change over time. Gender includes social concepts of functions, behaviors, and attributes that each society considers appropriate for men and women. Different functions and behaviors may generate inequalities between genders or differences between groups that may systematically favor one group over another. In our societies this may result in power imbalances with men usually holding positions of power. These inequalities may also result in inequities between men and women with respect to their health, access to services and violence experiences.

According to feminist theory, issues of power, control and gender are at the origin of intimate partner violence. In this theory, violence is seen as part of a system that utilizes coercive controls to maintain male dominance and an imbalance of power between husband and wife (Cummings, González-Guarda and Sandoval, 2013). Power imbalances theories are supported by violence statistics that indicate that men are more frequently the aggressors and women victims/survivors. According to the Centers for Disease Control and Prevention (CDC, 2014), 99% of female rape victims were raped by male perpetrators and 94.7% of females that experienced other sexual violence, were victimized by male perpetrators. National trends reveal that approximately 75% of IPV victims are female and those between the ages of 18- 24 are most commonly abused by a partner (Truman & Morgan, 2014).

In Latino families, traditional structures have tended to maintain a patriarchal hierarchy, with male figures holding positions of power within the family structure. This structure sustains a power imbalance already put in place by other institutions which facilitates the use of power and control of men over women. It is important to note that this trend may change according to generations, with younger generations maintaining more power-balanced relationships. Service providers should recognize these family structures and address their meanings and possible impact on IPV experiences and help seeking behaviors among Latinas.

B. Variables that May Contribute to Added Vulnerabilities among Latinas:

• Immigration

Some Latinas report experiences of violence pre, during or post immigration processes. Exploring these areas may be valuable for mental health providers. Also, immigration status may be used by perpetrators as a control mechanism with perpetrators threatening deportation and removal of children from the home.

• Anti-immigrant environments

Strict immigration enforcement policies and increased rates of deportation have impacted many Latino communities and have a direct impact on help seeking behaviors including reporting of IPV.

• Economic factors

Women experience unemployment due to a lack of education or immigration status. On the other hand, women who work experience inequities in wages as another manifestation of gender-related power imbalances. Women who experience IPV have more work-related disruptions due to physical, sexual, and other injuries. These factors influence women's job stability and economic status.

• Poverty

IPV reports are higher among people in living poverty. According to data from the Current Population Survey Annual Social Economic Supplement (CPS ASEC, 2017) the poverty rate among Latinos is 18.3% as compared to 12.3% for the general population in the US. Poverty increases vulnerability and has been identified as a risk factor for IPV. Furthermore, economic abuse is a manifestation of IPV that limits survivors´ available and perceived options for economic independence.

• Previous history of abuse

Previous experiences of abuse have been identified as a risk factor for future experiences of violence. For immigrant Latinas who have fled violence in their countries of origin and/or who may have experienced violence in their immigration journey there may be an increased vulnerability to experience violence. While providing services to Latina survivors of IPV, it is critical to explore previous experiences of violence, their impact on mental health and overall functioning as well as strength factors that have contributed to increased well-being.

C. Impact of IPV on Mental Health among Latinas

Data indicates that Latino IPV victims suffer from more serious forms of IPV as well as more negative health and mental health consequences compared to other groups. Latina survivors of IPV may suffer from (APA, 2017; Smith et al, 2017; Rajaram et al, 2015):

- Depression
- Suicidal ideation
- Post-Traumatic Stress Disorder (PTSD)
- Generalized Anxiety Disorder
- Substance Use Disorders

Barriers to Treatment

Latinas experience multiple and unique challenges to accessing mental health services for IPV. Among these, social isolation that may result from immigration and immigration status has been previously documented (Finno-Velasquez, and Ogbonnaya, 2017; Sabina et al., 2014).

Other Barriers to Treatment among Latina Survivors of IPV Include:

- Stigma about mental health and mental health services
- Language barriers
- Lack of transportation
- Lack of culturally responsive services and providers
- Fear of deportation among undocumented Latinas
- Limited research with representative samples of Latina survivors
- Lack of health insurance
- Lack of trust in systems
- Previous experiences of discrimination

D. Culturally Sensitive Instruments

Health and mental health providers can utilize screening tools to explore cultural themes, acculturative stress, IPV, and trauma-related stressors among Hispanic and Latinx individuals. There is a need for further testing and validation of IPV screening tools for Hispanic and Latinx populations. Research in IPV screening tools has not established robust psychometric properties (Rabin et al., 2010). Other tools such as the DSM-5 Cultural Formulation Interview can be implemented with diverse cultural groups to explore the influence of cultural themes that impact help-seeking, interpretation, and view of mental health symptoms, psychosocial factors, and cultural features of vulnerability and resilience. The aggregate of these factors leads to an overall culturally appropriate assessment of the diagnosis, which sets a solid foundation for treatment that will best meet what client's needs. Several instruments that could help to explore culture, experiences of violence, and IPV include the Hispanic Stress Inventory 2 (HSI2), Hurt, Insult, Threaten, Scream Tool for Intimate Partner Violence Screening (HITS), and the Women Abuse Screening Tool (WAST).

Assessment of IPV

• Hurt, Insult, Threaten, Scream Tool for Intimate Partner Violence Screening (HITS) - Spanish Version

The HITS screening tool has four items that assess IPV frequency with responses on a 5-point Likert scale (1=Never, 5=Frequently). The person needs to indicate if they experienced physical hurt, insults, threats to harm, or screams by their partner during the last month. HITS has been tested on men, women, and African American and Hispanic women. Research showed moderate reliability in the HITS Spanish version for Hispanic women. (Chen et al., 2005). HITS includes four questions:

1. How often does your partner physically hurt you?
2. How often does your partner insult you or talk down to you?
3. How often does your partner threaten you with harm?
4. How often does your partner scream or curse at you?

For more information, visit: https://elcentro.sonhs.miami.edu/research/measures-library/hits/index.html

• Women Abuse Screening Tool (WAST) – Spanish Version

This instrument includes eight questions that assess emotional, physical, and sexual abuse in women that experienced IPV. The English Version has been tested in minority groups such as African American and Latina women abused and non-abused in clinical health care settings and shelters. Research has found that WAST is a valid and reliable screening instrument that discriminates between abused and non-abused Hispanic women. It is recommended to practitioners to start administering questions that are less threatening such as the following order:

- Question 2- Do you and your partner work our arguments with... [Usted y su pareja resuelven discusiones (argumentos) con …].

- Question 5- Do you ever feel frightened by what your partner says or does? (¿Siente miedo de lo que su pareja diga o haga?).
- Question 7- Has your partner ever abused you emotionally? (¿Su pareja ha abusado de usted emocionalmente?).

If the person's responses show abuse experiences, the clinician can continue with the other questions (Basile et al., 2007).

Culturally Grounded Assessment

• DSM-5 Cultural Formulation Interview

The CFI provides a framework to assess how cultural aspects impact mental health and mental health treatment. The interview includes 16 questions that mental health providers can use to explore aspects of an individual's background, developmental experiences and current social contexts that may affect his or her perspective, such as geographical origin, migration, language, religion, sexual orientation, or race/ethnicity (APA, 2013). For Latinas, aspects related to the influence of family, friends, and the individual's social network may have a large impact on the individual's illness experience, which the provider does not readily see at first glance. This interview identifies four domains of assessment:

1. Cultural Definition of the Problem (Questions 1-3)
2. Cultural Perceptions of Cause, Context, and Support (Questions 4-10)
3. Cultural Factors Affecting Self-Coping and Past Help-Seeking (Questions 11-13)
4. Cultural Factors Affecting Current Help-Seeking (Questions 14-16)

• Hispanic Stress Inventory 2 (HSI2)

HSI2 is an instrument recommended for clinicians and researchers. It consists of an immigrant and US-born version as well as a version in English and Spanish. The immigrant version of the HSI2 assesses psychosocial stress. It includes ten stress subscales such as (Cervantes et al., 2016):

- Parental Stress,
- Occupation and Economic Stress,
- Marital Stress,
- Discrimination Stress,
- Immigration-Related Stress,
- Marital Acculturation Gap Stress
- Health Stress,
- Language-Related Stress,
- Pre-Migration Stress, and
- Family-Related Stress.

For more information about this instrument, visit: https://elcentro.sonhs.miami.edu/research/measures-library/hsi2/index.html

E. Sociocultural Considerations

Sociocultural Considerations of IPV

IPV happens within the context of a family's daily life, which is deeply affected by numerous factors, including personal, cultural and systemic, that impact and are impacted by IPV. However, research and services may overlook some of these variables by not addressing cultural variables and identities in many instances. For oppressed, immigrant communities, violence and IPV are intricately interrelated to immigration-related processes such as acculturation.

Acculturation is the process by which an individual adapts and adopts values and behaviors from the main culture while maintaining values, beliefs and behaviors from his culture of origin. For many, this is a complicated process that may be impacted by discrimination and racism. Research has documented that many immigrants trying to adapt to a new set of behaviors and practices may as a result experience what is known as acculturative stress. Acculturative stress refers to an increased anxiety resulting from the acculturation process and involves many potential stressors, such as navigating language use, balancing a complex set of cultural norms and scripts, experiences of discrimination and possibility of deportation. It has been documented that Latina survivors have identified threats of deportation as a control mechanism used by perpetrators (Brown et al., 2003; Caetano et al., 2007; Sabina and Cuevas, 2010).

Research has found that acculturation impacts levels of physical, sexual, and psychological IPV, with higher levels of acculturation associated with more reports of victimization. Research on the intersection of acculturation and IPV also indicates that higher levels of acculturation are associated with poor higher mental health challenges among Latina survivors of IPV (Cummings, González-Guarda and Sandoval, 2013).

Cultural Values

Cultural values should be understood when providing services for Latina survivors of IPV. For members of a given group, cultural values are the core principles and ideals upon which the entire community exists. Observing the various customs that Latino populations have passed down for generations allows a better understanding of the term. It is also important to note that cultural values may change over time and over generations (Cultural Values: Definition, Examples & Importance). The following are cultural values that may play a role in understanding and responding to IPV among Latino populations.

Familismo - Refers to a strong identification with and connection with family, including extended family (Falicov, 2014). It also includes a sense of protection, respect, and cooperation among family members. Latinos who adhere to this value may place their family's needs over their own. Researchers indicate that familismo-related values foster the creation or facilitation of the whole, rather than that of the individual. It has been identified as an important cultural aspect defining the beliefs and attitudes of Hispanics, Latinos and Latinx. Thus, it becomes fundamental that professionals working with Latinos understand the concept of familismo and its impact on the well-being of Latina survivors of IPV.

Gender roles - Traditionally, the concepts of marianismo and machismo have been used to describe gender roles among Hispanics and Latinos. Marianismo makes reference to the Virgin Mary and has been associated with motherhood as a central role and prioritizing the family's needs over a woman's own needs. Machismo refers to family protection and provision (Falicov, 2014). Both can also be understood as strength factors when gender roles allow for individual growth and resilience in gliding Marianismo as strong female support and machismo as protection and pride. It is important to highlight that acculturation processes have a direct impact on the meaning of these concepts and that their meaning changes across generations. Also, some have used the term machismo to justify violence whereas they are different concepts. Seen from a strength perspective, machismo and marianismo may contribute to a person's resiliency.

Spirituality - For many Latinos, spirituality and religion is a source of strength and resilience. It has been recognized as a strength factor among Latinas as well as a source of vulnerability (de la Rosa et al, 2015). Religion among many Latinas plays a critical role while providing a sense of identity and direction including guidance on being a wife, partner and mother. Therefore, it is an important aspect to explore while working with Latina survivors of IPV.

F. Clinical Case Example:

Treatment as Usual vs. Culturally Sensitive and Trauma-Informed Mental Health Treatment

This case provides an example of the importance of identifying clients' cultural values to establish the therapeutic alliance, leading to more precise diagnosis and treatment.

Case Example: Amelia Garcia

1. **Background**

Ms. Amelia García is a 30-year-old, high school-educated, Christian, Spanish-speaking Latina with a history of intimate partner violence. Ms. García reported she was born in Guatemala and immigrated to the United States in 2015 due to financial struggles. She was referred for individual psychotherapy services by her primary care provider and by her social worker from the Office of Children and Family Services. The main reason for the referral was that Ms. Garcia was inconsistent with attendance to sessions and mentioned ¨feeling stuck¨ in the process: *"Nada ha mejorado, me siento igual"* (Nothing has changed, I feel the same way).

Ms. Garcia's main sources of support consist of her brother and sisters who live in Colorado and Florida, and her best friend who lives near her apartment in New York. Ms. Garcia stated that she is a Christian, goes to church every Sunday and prays to God every day but, due to the pandemic she has missed several meetings. She currently lives with her partner (perpetrator), a Latino in his 30's from Guatemala. She disclosed events of domestic assault, sexual and physical abuse towards her and her daughter by her partner. Due to her allegations, the state took temporary custody of her daughter. Reports from the Office of Children and Family indicate that there have been some inconsistencies in her narrative as is the case with other survivors of violence who may experience difficulty recalling specifics of events and fear of retaliation from the perpetrator.

> **Therapist:** *"¿Me puede hablar un poco sobre la razón por la cual el departamento de niños y familia tienen la custodia de su hija?"* (Can you tell me a little bit about the reasons the Department of Children and Family has custody of your daughter?)
>
> **Ms. Amelia García:** *"Dije que él había tocado a mi hija… lo siento, me inventé todo. Solo quería que él se fuera de la casa. Yo le pedí perdón a él por lo que había hecho. Yo me inventé todo. Se lo dije a la trabajadora social."* (I said that he had touched my daughter… I'm sorry, I made everything up. I just wanted him to leave the house. I apologized to him for what he had done. I made everything up. I told the social worker). Ms. García later revealed that this retraction responded to fear of retaliation from her partner and that indeed the abuse had taken place.

2. **Exploration of Previous Services and Symptoms**

Ms. García attended counseling services as requested by the State since January 2019 (one year receiving therapy).

> **Therapist:** *"¿Me puede platicar sobre lo que ha aprendido en la terapia y sobre lo que le ha ayudado y que no? Entiendo que estuvo en terapia por un año."* (Could you tell me about what you have learned in therapy and what has helped you and what has not? I understand that you received therapy for a year.)
>
> **Ms. Amelia Garcia:** *"Aprendí a comunicarme mejor y también a controlar mi coraje".* (I learned how to communicate clearly and learned to control my anger).

The current therapist contacted the previous counselor to obtain more information about her treatment. Her counselor informed that she provided services in Spanish even though she was not Hispanic or Latina. Also, Ms. Garcia's counselor provided a diagnosis of Adjustment Disorder with Depressed Mood.

Counselor: *"She did not have the full criteria for a diagnosis of anxiety or depressive disorder." "Her therapy goals include working with family reunification, getting all the support she needs, improving communication, and preventing her daughter's separation in the future."*

Therapist: *"Did Ms. Garcia provide information about her immigration journey or previous trauma experiences including IPV events?"*

Counselor: *"She does not want to talk about her past." "So, we just focused on getting her daughter back."*

While assessing Ms. García symptoms and previous IPV history, she reported: feelings of sadness; low motivation; intrusive thoughts; difficulties with concentration and attention; isolation from family; flashbacks; and crying spells and nervios (nervous) almost every day since her daughter was removed.

3. Exploration of Cultural Values

During the first session the current therapist noticed that Ms. García was reluctant to talk about her past and about IPV experiences. The therapist decided to focus the first three to four sessions exploring her strengths, hobbies, cultural values, support system, and current needs using *pláticas* or informal conversations.

Then, the therapist took extra time to provide psychoeducation about what therapy is, goals, and expectations, stigma about mental health and explored *dichos*/sayings embedded in Guatemalan culture that might impact help-seeking. Therapy sessions considered the main cultural themes present in the Hispanic and Latino cultures, such as familism, spirituality, respect, personalism, marianismo and machismo.

4. Assessment of Acculturation, Trauma and IPV

Therapist testing measures included HSI2, HITS and the Adverse Childhood Experiences Questionnaire (ACE-Q) to explore client's trauma experiences including IPV while she was living in Guatemala. The therapist started to provide examples and use simple words to explain every item from the ACE-Q because the client was answering *No* to every question even to question 6 (*Were your parents ever separated or divorced?*), after verbalizing that her parents separated because her father was under the influence of alcohol every day.

Therapist: *"Me platicaste que no experimentaste dificultades en tu casa pero que tu papá bebía alcohol todos los días. Tú crees que podemos volver a revisar las preguntas utilizando ese ejemplo de las experiencias con tu papá."* (You expressed that you did not experience difficulties at home but that your father drank a lot of alcohol every day. Do you think we can revisit the questions using that example of your experiences with your father?).

The therapist noticed difficulties with attention, concentration and cognitive processing. The therapist validated and normalized Ms. Garcia's emotions. Then, Ms. Garcia reported that her father used to drink and repeatedly physically assaulted her mother. Also, she reported that her father was physically abusive towards her and her siblings. Amelia described that after her father got drunk in the mornings, he sat with her and her siblings, and read the Bible.

Ms. Amelia Garcia: *"Hemos crecido en la iglesia, amamos a Dios y respetamos a nuestros padres"* (We grow up in the church, we love God and respect our parents).

5. **Conclusion**

Ms. Garcia started to feel more comfortable in sessions and disclosed IPV incidents of physical and verbal abuse by her current partner. Also, she reported that she was scared of him, and this was the main reason for denying several times that her partner was sexually abusing her daughter. Ms. Garcia was diagnosed with post-traumatic stress disorder; major depressive disorder; and relationship distress with a spouse or intimate partner (APA, 2013). A safety plan was developed, and she shared it with her best friend that was her main support. The Office of Children and Family Services was informed about the allegations, and they helped to relocate Ms. Garcia to increase her safety. Amelia's treatment plan includes receiving trauma-informed and culturally responsive psychotherapy where she can process past and current traumatic events, and learn to increase coping skills, and emotion regulation by identifying and managing traumatic triggers and reminders.

Incorporating cultural values is critical in therapy sessions because it may increase engagement, adherence to treatment, and improve treatment outcomes. After assessing the client's cultural needs, the therapist determined the cultural elements of the relationship between her and Ms. Garcia. Ms. Garcia's cultural needs include:

- **Familism -** closeness and support of family and friends
- **Spirituality -** praying and support of church members
- ***Marianismo*** **-** the need of taking care of her daughter and to have her role as mother
- **Respect *(respeto)* -** refers to the power imbalances between therapist and client and how the person behaves in front of that figure. Due to respect to her husband and father she appeared hesitant to disclose IPV in the beginning.
- **Personalism *(personalismo)* -** refers to the personal contact, openness and the perception of knowing the therapist. It is a cultural theme that helps clients to develop trust and humanize the provider. Ms. Garcia needed the time to develop trust with her therapist.

G. Clinical Recommendations while Assessing and Providing Mental Health Services to Latinas that Experienced IPV

Providers should adapt treatment to increase the client's ability to gain the maximum benefit in treatment. Treatment models that do not consider racial, cultural issues could leave ethnically diverse clients feeling invalidated or re-experiencing everyday racial-cultural traumas (Constantine et al., 2010). These factors could lead to premature treatment termination and aggravation of existing problems.

It is crucial to consider that many Latino individuals are hesitant to request services or visit the office because of stress and fear related to deportation, issues about their legal status in the United States, and stigma about mental health (Gonzalez-Guarda et al., 2013; Velasco-Mondragon et al., 2016). For Latinx and other immigrants, trauma associated with interpersonal violence can be compounded by immigration and acculturation issues as the ones observed in Ms. Garcia's case example. Furthermore, women's cultural backgrounds can shape how they experience and respond to violence. For example" Los trapos sucios se lavan en casa" is a dicho/saying used by Hispanics and Latinx, impacts help-seeking behaviors that increases stigma about mental health services and help-seeking behaviors. Other clinical recommendations for Latinas include (Wallace, 2015; Sabina & Cuevas, 2010):

1. Assess current level of threat. If needed, develop a safety plan with survivors.
2. Conduct an initial assessment to determine the level of acculturation, development, and identification of ethnic identity and worldview.
3. Create a safe atmosphere to identify cultural themes, explore, identify and express feelings (i.e., pride, shame and guilt) about their heritage and experiences of IPV and self-perception.

4. Encourage exploration of strengths in their cultural backgrounds, histories, and heritages, including opportunities to explore old and new ways to incorporate spirituality into their lives.
5. Develop opportunities to build alliances and relationships with women (including staff and other clients) from other groups and cultures. Be supportive, empathetic, collaborative and encourage ongoing dialogue.
6. Provide a clear message of availability and accessibility while maintaining professional boundaries throughout treatment and be open to include family members, friends, partners, and religious leaders (i.e., pastors, priests, curanderas) if necessary (Harris & Fallot, 2001; SAMHSA, 2014).

H. Recommendations for Agencies and Organizations Treating Hispanic and Latino Communities with a History of IPV

Agencies and organizations that are treating Hispanic that experienced IPV may provide services that include:

1. **Culturally Responsive Trauma Screenings -** Most providers know that clients can be affected by trauma. However, universal screening provides a steady reminder to watch past traumatic experiences and their potential influence upon a client's interactions and engagement with services across the continuum of care. Screening guides treatment planning increases clients' awareness of the possible impact of trauma and IPV, and the importance of addressing related issues during treatment to obtain better treatment outcomes (Harris & Fallot, 2001).
2. **Education to Staff about the Intersectionality of Culture, Trauma, and IPV -** Investing in culturally sensitive staff provides training that promotes understanding common cultural beliefs, worldviews, customs, spirituality, and religion. Increase the use of a trauma-informed approach in which the agency delivers behavioral health care that accommodates trauma survivors' vulnerability. It includes understanding past and current trauma and IPV, including their immigration journey, and an awareness of its impact across settings, services, and populations (Harris & Fallot, 2001; SAMHSA, 2014). Additionally, it involves viewing trauma and IPV through an ecological and cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events. It includes realizing the prevalence, the effects of trauma, and responding after being informed.
3. **Promote of Recovery and Cultural Healing as a Primary Treatment Goal -** Latino collectivist worldview may impact their recovery. People can recover by connecting with their culture and community while receiving mental health treatment. Agencies may increase the effort to take extra time to engage clients and extended family members. Agencies could have a straightforward approach to explore client's primary psychosocial needs and provide alternatives to attend to those needs (SAMHSA, 2014).

I. Culturally Responsive Resources and Services

Programs that are culturally responsive for Hispanic and Latinx individuals:

1. **Casa Esperanza -** helps Hispanic and Latino families in Massachusetts to break the cycle of addiction. The Latinas and Niños Center is a 6-12-month residential treatment program. They provide culturally responsive and bilingual services, residential and stable housing to the woman and their children. For more information, visit: https://www.casaesperanza.org/who-we-are/

2. **Casa Myrna -** provides shelter, awareness, and supportive bilingual services to Latina's intimate partner violence or domestic violence survivors. They have three residential programs, which provide housing assistance, counseling, advocacy services, and emergency transfers if they are concerned about facing other violent events. Casa Myrna's SafeLink hotline operates 24/7 (1-877-785-2020). Learn more about their services at https://casamyrna.org/get-support/

3. **Casa Protegida Julia de Burgos -** provides shelter for women survivors of domestic violence in Puerto Rico. The Center helps women to develop escape and safety plans. Also, they assist families with counseling and psychological services, legal advice, and housing. For more information about Casa Julia, visit: http://casajulia.org/

4. **East Los Angeles Women's Center (ELAWC) -** the Center's mission is to ensure that all women, girls, and their families live in a place of safety and positive well-being free from violence and abuse. The Promotoras Against Violence program focuses on eliminating domestic and intimate partner violence in Latino communities across the nation. The Promotora de Salud model is a culturally responsive and trauma-informed approach to provide education and support to women experiencing trauma and violence in the Los Angeles area. They offer a bilingual Crisis Hotline (1-800-585-6231). Website: https://www.elawc.org/

Resources for Clinicians and Other Mental Health Service Providers

1. **The Family Preparedness Plan -** This a document where the family can list important medical and contact information, child's needs, and other crucial information in case of an emergency due to COVID-19, hospitalization, caregiver's absence, detention, or deportation. The parent or caregiver can fill out the document by themselves or with a mental health provider's assistance. Also, this document is intended to help families including survivors of intimate partner violence, to reduce stress related to unexpected events like separation or presenting safety concerns. The document is in Spanish and English. https://www.bmc.org/sites/default/files/Programs___Services/Programs_for_Adults/center-family-navigation-community-health-promotion/1-Family-Preparedness-Plan.pdf

2. **The National Latin@ Network for Healthy Families and Communities -** An organization that connects and supports Latinx families experiencing IPV through research, events, and policy. The organization provides training and consultations to clinicians and activists engaged in eliminating domestic violence in the US and Latin America. https://www.nationallatinonetwork.org/learn-more

3. **Informed Immigrant -** This website is dedicated to increasing access to resources for the undocumented immigrant community. They help immigrants to learn how to feel as prepared as possible if they encounter immigration enforcement. https://www.informedimmigrant.com/

4. **National Domestic Violence Hotline – (1-800-799-7233) -** This organization assists people experiencing IPV (24-hour). Besides the phone hotline, they also have a live chat for English and Spanish speakers. https://espanol.thehotline.org/

5. **Webinar:** ***When Monsters Live with Us: Reflections on the Impact of the Intersection of Structural Inequities, COVID-19, and Intimate Partner Violence in Young Children in Latin American Families*** **-** This YouTube video from the National Hispanic and Latino Mental Health Technology Transfer Center, provides an overview of the intersection of structural inequities and the pandemic on children from zero to five years in Latin American families. A combination of teaching presentations, case vignettes, and group reflection is presented. https://mhttcnetwork.org/centers/national-hispanic-and-latino-mhttc/product/when-monsters-live-us-reflections-impact

6. **Safety Plan** ***(Plan de seguridad para víctimas de violencia doméstica)*** **-** This is a safety plan developed by the Illinois Legal Aid Online. It could be provided to the person, or the clinician can help to complete it. It is available in Spanish and includes important information such as: phone numbers, what to do during an aggression, how to stay safe after leaving the perpetrator, ways to protect their mental health, among other crucial information. https://www.illinoislegalaid.org/es/informacion-legal/plan-de-seguridad-para-victimas-de-violencia-domestica

Apps that May Help Increase the Safety of Latinas at Risk

1. **MyPlan -** MyPlan is a self-evaluation tool designed to help survivors of all ages and backgrounds assess whether they or a friend are safe within a relationship. The app then provides the user with various options of resources for counseling, support, and advocacy. It also includes a Danger Assessment that measures the potential danger of the abuser and risk of lethality. Two versions are available, Spanish and English (Technology Safety, 2021).

2. **Circle of 6 -** This app can help clients inform their friends or family members about their location and what they need in case of an emergency (Women of Color Network, 2019).

3. **SafeNight -** An app for community members and advocates. The app alerts individual donors when local domestic violence shelters are full or unavailable and allows donors to donate funds to support a hotel night for survivors (Women of Color Network, 2019).

4. **OnWatch -** Students and women on college or university campuses could benefit from this app. The person could alert friends, the police inside the university campus, 9-1-1, among others (Women of Color Network, 2019).

5. **TD411 -** Developed for teens, provides information on teen dating abuse and healthy relationships. The app is available in both English and Spanish and includes a Dating Quiz to help identify if there could be a concern related to violence, provides national hotlines and other resources (Technology Safety, 2021).

6. **RUSafe App -** Provides a free assessment and includes a journal where the person can add photos, text or audio, and the information can be uploaded and emailed. This app helps women recognize an abuser or if they might be in a dangerous relationship (Kippert, 2020).

Conclusion

Intimate partner violence is a public health issue that affects about 1 in 3 Latinas in the US. Gender role expectations along with societal power imbalances between men and women, where men tend to hold more positions of power have in part sustained gender-based violence dynamics in many societies. This holds true for Latino societies where men and women are assigned different roles and power positions based on their gender. Although these trends seem to be changing with younger generations, there is still much work to be done.

It is well documented that violence experiences impact women´s physical, mental and social wellbeing. Furthermore, among women survivors of sexual and intimate partner violence rates of co-occurring disorders are higher than the general population. For Latina immigrants who are survivors of gender-based violence there is an added burden related to immigration status, stigma, acculturation and social determinants of health that may further contribute to psychological functioning. Also, perpetrators may use immigration status as a control mechanism to exert power and control as well as to prevent disclosure of events by threatening deportation. The identification of cultural nuances such as gender role expectations, meanings attached to such roles, cultural values, immigration status, spirituality, and familism need to be addressed in order to provide culturally responsive comprehensive services for Latina survivors.

For clinicians working with Latina survivors of gender-based violence knowledge about screenings and interventions has a tremendous impact in the services that they will receive. Besides, clinicians that are trauma-informed and culturally responsive are imperative for Hispanic and Latino populations living in the United States. It is important to acknowledge that healthcare providers do not need to be Hispanic or Latino to provide services to Hispanic or Latino communities. The inequities, disparities, and gender-based violence toward women and Latinas is considered as a public health matter that needs to be addressed by everyone. Culture is healing.

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