A Community-Guided Curriculum to Train Survivors of Intimate Partner Violence on the Intersection of COVID-19 and IPV

Background and Need

- Pandemic stressors exacerbate intimate partner violence (IPV) and put survivors at greater risk of severe violence
- Stay-at-home orders decrease access to IPV support, resources, and healthcare
- Perpetrators of violence use COVID-19 misinformation as a tool of control over survivors
- Immigrant and underserved communities are at high risk of severe COVID-19, yet may be less able to access healthcare and IPV support
- Community health workers may build trust where academic institutions cannot

Community Partner

- Next Door Solutions to Domestic Violence (NDS): A stand-alone agency that provides support to IPV survivors in the Bay Area, serving an average of 3,000 survivors of IPV annually, most of whom belong to underserved, immigrant, and/or non-English-speaking communities
- El Comité de Mujeres Fuertes: a group of five Latina IPV survivors known to NDS who volunteered to be trained as promotoras, or community health workers

Project Description

- Create and deliver a community-guided training curriculum to teach promotoras about COVID-19, its intersection with IPV, and healthcare delivery during the pandemic, and to empower El Comité members to teach other promotoras and community groups about COVID and IPV

Outcomes

Final project deliverables:

- Developed visually and culturally engaging graphics through active input from promotoras
- Translated scripts into Spanish and provided simultaneous live interpretation from English to Spanish
- Delivered training modules over 4 sessions (8 hours of live instruction) via Zoom to El Comité de Mujeres Fuertes

Major successes identified:

1. Relevant and effective: in post-session survey, 100% of promotoras cited training sessions as ‘relevant to their role as a promotora’. 100% reported they felt ‘very confident’ talking about IPV and COVID-19
2. Butterfly effect on community-health outreach: El Comité de Mujeres Fuertes members later taught material to 100+ members of vulnerable communities in California through 3 workshops and conferences, and delivered content over Facebook live, with 1,100+ views so far
3. "Transformative rather than transactional": empowering promotoras to participate in content creation led to profound growth in confidence, sense of belongingness, and self-ownership
4. Targeted to community through active input: soliciting regular input and feedback from promotoras allowed for real-time changes to graphics and script before delivery to make content culturally engaging and impactful
5. Misinformation corrected; trust built: El Comité members report success in correcting circulating misinformation and building trust in vaccines post-training
6. Technological literacy increase: promotoras had space to enhance technological skills before becoming presenters to their own communities

Lessons Learned

- Active participation by community members is key to public health messaging. Ask, rather than assume: what questions does community have? What barriers are there? What cultural values must be considered?
- Academic–community partnerships should be led by community partner. Offer space for community members to guide a project’s direction; academic partner’s role should be reactive, not directive

Recommendations and Implications

- Technological literacy was a challenge. Future work will focus on improving delivery to users with limited technology literacy and access.
- Project provides a template for approaching intersectional issues. Adapt to address how IPV intersects with racism and health inequities
- Content was guided by target audience (Latinx survivors). Aim to translate training into other languages while maintaining cultural relevance
- Academic institutions have a responsibility to surrounding communities; without community participation and trust building, academic public health successes such as vaccine development may not succeed on the ground

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