

Ashley Stevenson¹, Sindhya Rajeev², Rachel Koo³, Ashri Anurudran², Lillie Reed¹, Erica Villa⁴, Laura Diaz⁴, Adriana Garcia⁴, Esther Peralez-Dieckmann⁴, Jennifer Newberry²
¹Stanford University School of Medicine, ²Stanford University Department of Emergency Medicine, ³Stanford University, ⁴Next Door Solutions to Domestic Violence

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:

- Scripted content for three modules on COVID-19 and IPV: 1) The Basics and Science of COVID-19; 2) How COVID-19 and IPV Intersect; 3) Healthcare and COVID-19
- 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

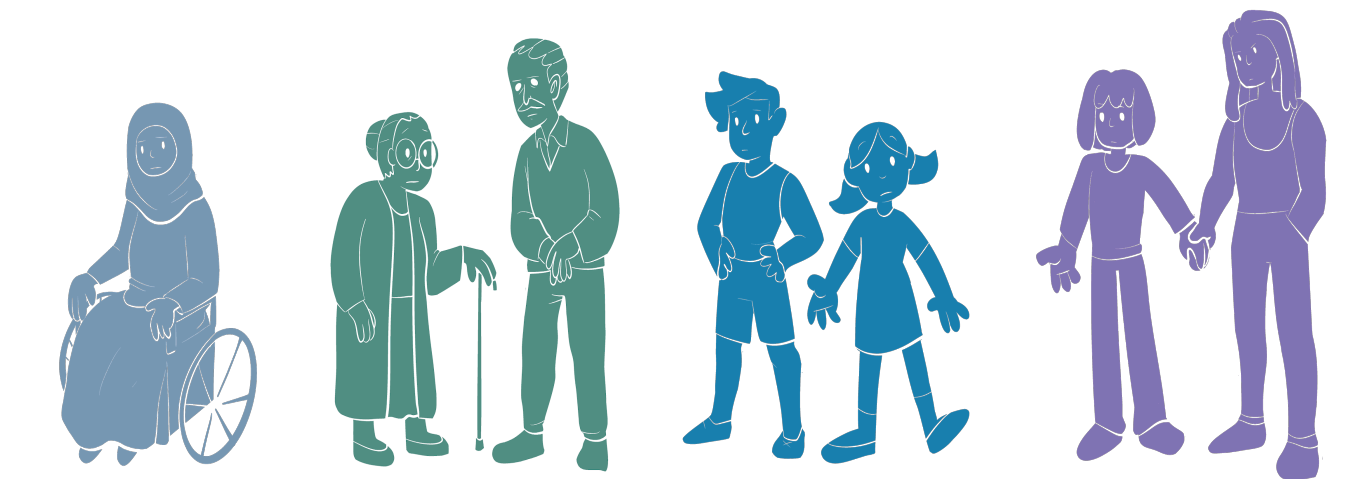


El Comité de Mujeres Fuertes



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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Contact Information: Ashley Stevenson, ashpalm@stanford.edu; Next Door Solutions to Domestic Violence, <https://www.nextdoorsolutions.org/>