

AANHPI/MENA Collaborative to End Gender-Based Violence Impact Report

July 2025

The AANHPI/MENA Collaborative to End Gender-Based Violence (GBV) shows that when community health centers (CHCs) are equipped with the right tools, partners, and funding, they can substantially strengthen patient-centered GBV prevention and response for Asian American, Native Hawaiian, Pacific Islander, Middle Eastern, and North African (AANHPI and MENA) communities. This impact report is intended to help CHCs, funders, and policy makers understand why this work matters, what has worked, and where collaboration and investment are most needed.

Meeting an Urgent Community Need

- AANHPI and MENA communities face significant challenges to GBV care, including **language barriers, stigma, immigration status concerns, and limited access to appropriately tailored services.**
- At the same time, many CHCs serving these communities reported the need to develop or strengthen **GBV protocols, increase staff training, and address inconsistent referral partnerships.**
- To close these gaps, the Asian Pacific Institute on Gender-Based Violence, Association of Asian Pacific Community Health Organizations, and Community Health Synergy launched an **18-month, multi-state collaborative (January 2024–July 2025) with 9 CHCs across 8 states to strengthen CHC capacity, partnerships, and patient-centered GBV response.**

AANHPI/MENA Collaborative in Action

- Conducted a **national needs assessment** (survey, focus group, and key informant interviews) with CHCs and health-focused organizations serving AANHPI and MENA communities to **identify service gaps, priorities, and promising practices** in GBV prevention and response.
- Established a **CHC cohort** and a structured **Community of Practice**, including a four-part training series, tailored work plans, monthly check-ins, and peer exchange to support CHCs in moving from planning to implementation.
- Delivered **6 GBV-focused trainings** and **34 tailored technical assistance sessions** on GBV protocols, staff training, electronic health record (EHR)/data integration, leadership engagement, partnerships, and sustainability planning.

Key Insights & Best Practices

Staff Training & Leadership Engagement

- **Multi-level training** (leadership, clinical staff, community health workers (CHWs), frontline staff) increased recognition of **GBV as a public health issue** and **strengthened patient-centered care skills.**
- **Leadership buy-in and internal champions** were critical for **embedding GBV into routine operations**, rather than treating it as a *one-off project*.

Safe & Confidential Data Practices

- CHCs implemented **routine GBV screening** and **universal education approaches** (e.g., the CUES model), alongside **discreet EHR documentation workflows**, including GBV smart phrases and selective ICD-10 Z code use.
- **Privacy and safety safeguards** - such as keeping sensitive information off patient-facing summaries and aligning with national health IT standards - were central to **building patient trust.**

Community-Tailored Outreach and Education

- CHCs prioritized **language appropriate and locally tailored materials**, outreach strategies, and group education for AANHPI and MENA communities.
- Interventions and activities included **town halls, summits, workshops, and school- and community-based outreach** to normalize conversations about GBV and raise awareness of available support services.

Partnerships with GBV-Focused Organizations

- CHCs strengthened **referral pathways, cross-training and warm handoffs** through formal and emerging partnerships with GBV-focused community-based organizations (CBOs).
- **Partnership infrastructure** (Memorandums of Understanding, shared protocols, co-training, and regular communication) was essential for **timely, community-grounded support** beyond what CHCs could deliver alone.

Training and Technical Assistance Outcomes

- **Over 90% of participants** reported high satisfaction and knowledge gains, with **70–80% indicating increased confidence** applying what they learned in their organizations.
- CHC staff rated trainings an average of **4.11 out of 5**, with **100% finding them at least moderately helpful**. The most valued session focused on **bridging gaps in GBV recognition, referral, and care coordination**.
- **89% of respondents** reported applying training or technical assistance (TA) learnings, including:
 - Improved **EHR workflows**
 - New or refined **GBV protocols**
 - Updated **outreach materials**
 - Expanded engagement with **GBV-focused CBO partners**

When a mother screened positive for safety concerns, our CHW connected her and her son to food, shelter, disability benefits, and healing support - ensuring their safety and dignity.

This level of response reflects how the Collaborative's trainings helped CHC teams build the systems and skills to show up for families when safety is at stake.

AANHPI/MENA Collaborative In-Person Convening

In July 2025, CHCs, partners, experts, and community leaders gathered for the AANHPI/MENA Collaborative to End GBV project convening. The convening aimed to **share learnings, celebrate achievements, provide training, and inform future advocacy**. CHC participants discussed challenges and shared strategies, and committed to:

- *Expanding staff training*
- *Strengthening GBV screening and referrals*
- *Enhancing data and EHR documentation*

Overall, the convening **strengthened peer networks, enhanced capacity, and renewed commitment to community-grounded GBV care** for AANHPI and MENA patients.

Based on the convening evaluation results:

- **100%** of respondents were **very or extremely satisfied**
- **75%** of respondents reported **high or extremely high knowledge gains and confidence to use new tools and insights**

CHC Cohort Impact: Measurable Change in CHC Capacity

Across the 9 CHCs, **33 GBV-related workplan goals** were developed. **85%** were rated as having **moderate to full achievement** by the end of the project.

Area Assessed	% Agree or Strongly Agree
Staff confidence and skills post-training	78%
Clear GBV response protocols established	78%
Partnerships with CBOs strengthened	78%
GBV-related data collection and use	22% agree 56% neutral
Useful resources developed/distributed for staff and patients	67%
Leadership commitment to GBV initiatives	89%
Confidence addressing GBV with AANHPI patients	78%
Confidence addressing GBV with MENA patients	67%

Opportunities for Future Collaboration and Investment

The AANHPI/MENA Collaborative to End GBV surfaced concrete avenues where CHC/CBO partners, funders, and policymakers can build on this foundation.

Sustain and Deepen CHC Training and TA

- Ongoing, **role-specific training, onboarding supports, and scenario-based learning** are needed to maintain gains and adapt to staff turnover and evolving community needs.
- **Long-term TA** can help CHCs tackle complex issues like EHR integration, confidentiality, and interdepartmental coordination in GBV response.

Strengthen and Scale CHC-CBO Partnership Infrastructure

- **Investment in partnership frameworks** - Memorandums of Understanding, co-developed protocols, joint trainings, and shared data practices - will **expand and stabilize pathways** to shelter, legal support, advocacy, and culturally grounded healing.
- **Policy and funder support** can **incentivize and resource cross-sector collaboration** as a core element of quality GBV care.

Expand Universal GBV Education Models in Clinical and Community Settings

- Scaling universal education approaches like CUES, adapted to AANHPI/MENA languages and norms, can reduce stigma and make support accessible even when survivors do not feel safe disclosing.
- Integrating these models across behavioral health, dental, community outreach, and CHW-led programs can normalize conversations about safety and relationships.

Secure flexible, multi-year funding focused on GBV and workforce well-being

- Clinics with stable, flexible funding were better able to sustain GBV protocols, maintain CHW and interpreter capacity, offer staff wellness and reflective supervision, and reduce burnout linked to secondary trauma.
- Flexible funding enables clinics to adapt GBV initiatives to local realities, maintain continuity beyond grant periods, and invest in staff and infrastructure instead of temporary projects.

Develop a centralized, multilingual GBV resource hub for CHCs

- CHCs repeatedly requested easy access to practical, language-accessible tools, including protocols, workflows, safety cards, screening tools, and implementation guides.
- A national, user-friendly resource hub would accelerate adoption of evidence-informed practices across CHCs, including those not in the original cohort.

Embed ongoing, data-informed needs assessment and feedback loops

- Regular CHC needs assessments and feedback mechanisms (surveys, focus groups, reflective sessions) help keep GBV efforts responsive to changing policy, staffing, and community conditions.
- Intentional outreach to smaller or less visible subgroups within AANHPI/MENA communities can surface emerging needs and prevent invisibility in GBV data and programs.

Call to Action

- **Project partners and cohort CHCs demonstrated that with targeted support, even resource-constrained clinics can meaningfully expand GBV screening, survivor-centered care, and community-rooted responses in AANHPI/MENA communities.**
- **The next phase depends on sustained collaboration-between CHCs, GBV CBOs, funders, and policymakers to institutionalize these gains, close remaining gaps, and co-create a more just and healing-centered system for survivors and their families.**

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Hosting the first GBV Awareness Summit in our state connected local providers and build momentum for coordinated community action
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Questions? Email Sarah Khan at skhan@api-gbv.org