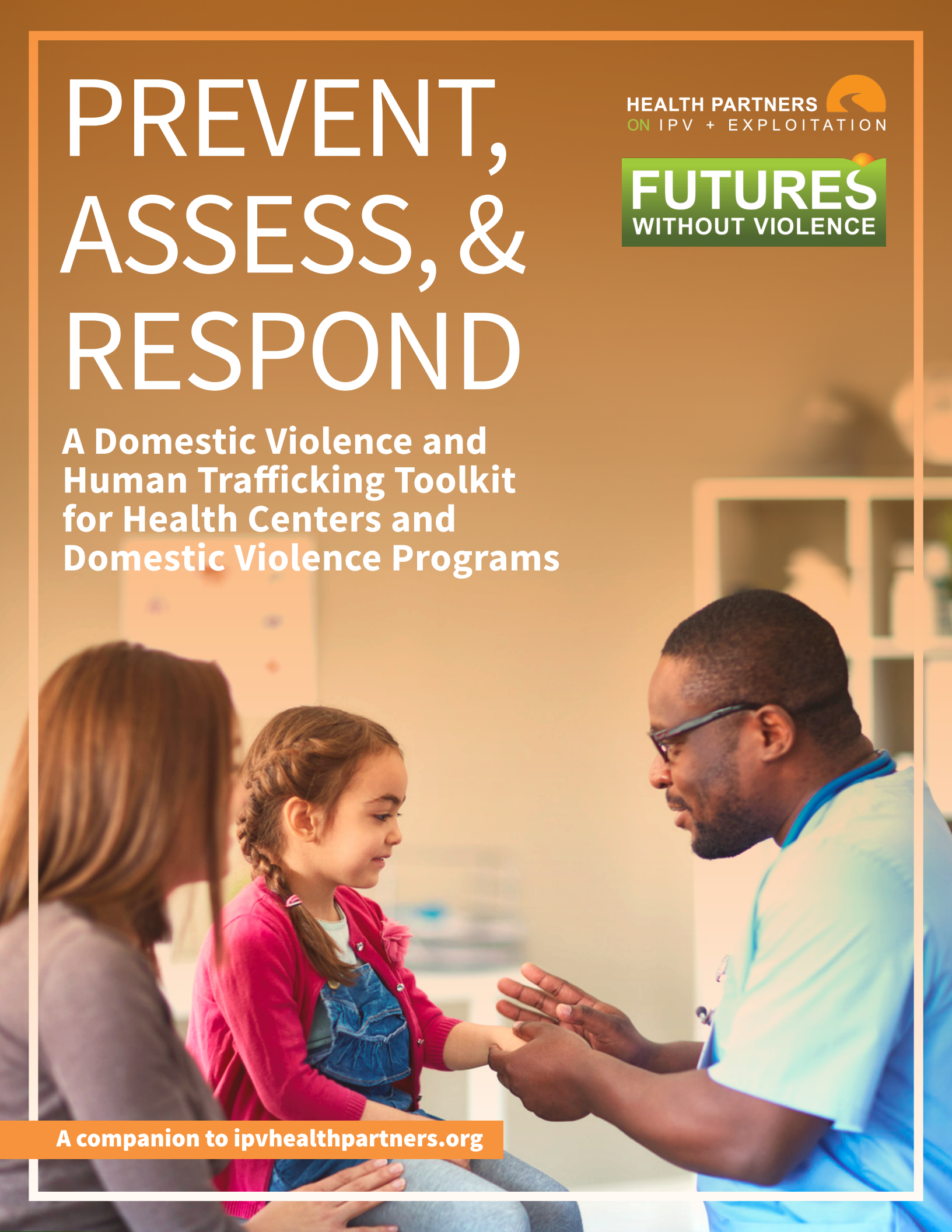
PREVENT, ASSESS, & RESPOND

HEALTH PARTNERS ON IPV + EXPLOITATION

FUTURES WITHOUT VIOLENCE

A Domestic Violence and Human Trafficking Toolkit for Health Centers and Domestic Violence Programs



A companion to ipvhealthpartners.org

CONTENTS

PREVENT, ASSESS, & RESPOND

A Domestic Violence and Human Trafficking Toolkit for Health Centers and Domestic Violence Programs

A companion to ipvhealthpartners.org

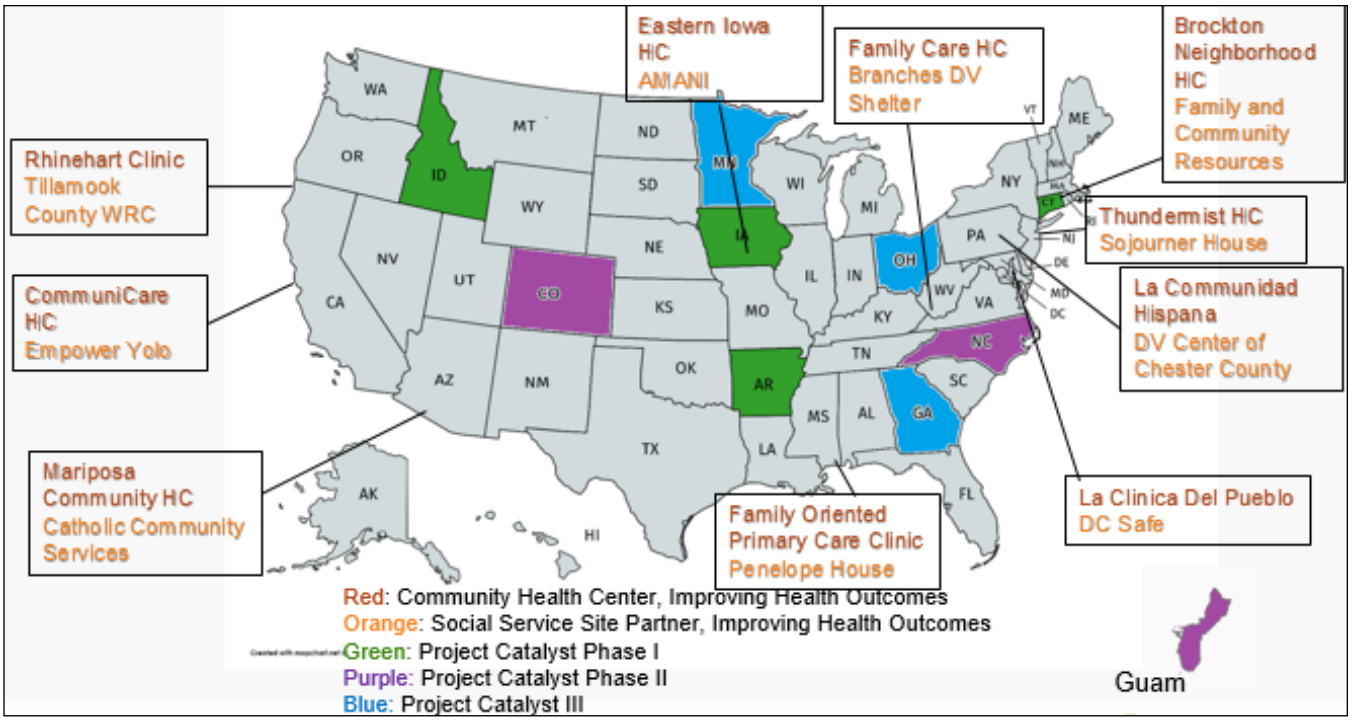
Quotes from HCs and DV/SA agencies featured in this toolkit have been used with permission.

This publication was initially funded in 2017 by Grant #90EV0414 from the U.S. Department of Health and Human Services (HHS), Administration for Children and Families, Family and Youth Services Bureau, Family Violence Prevention and Services Program. Funding was also provided, in part, from the HHS Health Resources and Services Administration (HRSA).The views expressed here are solely those of the authors and do not necessarily represent the official views of HHS. Updates to this publication as of 2024 were made possible by the Health Resources and Services Administration (HRSA) with funding totaling $682,548 from the U.S. Department of Health and Human Services (HHS), with no contributions from non-governmental sources. The content is the responsibility of the authors and does not necessarily reflect the views of HRSA, HHS, or the U.S. Government. For more details, visit www.HRSA.gov.

ABOUT

IPVHealthPartners toolkit was developed by **the National Health Resource Center on Domestic Violence** at **Futures Without Violence (FUTURES)** with input from 10 health centers (HCs) and 10 partnering domestic violence (DV) advocacy programs that participated in the national pilot project, **Improving Health Outcomes through Violence Prevention.** This toolkit continues to be a go-to resource for HCs and partnering DV agencies/community-based organizations (CBOs). The content is regularly updated to reflect newer tools and approaches on health and intimate partner violence (IPV), human trafficking (HT) and exploitation (E).

Improving Health Outcomes through Violence Prevention engaged 10 HCs and DV advocacy programs that worked together to promote the safety and health of survivors of domestic violence seeking their services. The project was initiated in 2015 with three pilot sites in Washington, DC; Scott Depot, WV; and Mobile, AL – with staff at three HCs and three partnering DV advocacy programs. From there it expanded to 7 other local communities in Brockton, MA; Davis, CA; Cedar Rapids, IA; Providence, RI; Nogales, AZ; Westchester, PA; and Tillamook, OR.



Following the pilot, the project was scaled up and expanded across states and territories, nationally as part of **Project Catalyst: Statewide Transformation on Health, IPV and Trafficking**. Project Catalyst was a multi-year effort that engaged more than 1,000 health and advocacy professionals across ten states and four Pacific Islands (2017-2021). Learn more **here**.

Improving Health Outcomes and Project Catalyst were supported through a collaboration of the U.S. Department of Health and Human Services (DHHS) agencies, including the Administration for Children and Families' (ACF) Family and Youth Services Bureau, the HRSA Bureau of Primary Health Care, and the HRSA Office of Women's Health. Technical assistance and training were provided by FUTURES, with an evaluation conducted by the University of Pittsburgh.

The development of this IPVHealthPartners.org Toolkit was initially funded through Grant #90EV0414 from the U.S. DHHS, Administration for Children and Families, Family and Youth Services Bureau, Family Violence Prevention and Services Program. Funding was also provided, in part, from the U.S. DHHS Health Resources and Services Administration (HRSA).

In July, 2020 Futures Without Violence was newly funded by HRSA's Bureau of Primary Health Care to operate **Health Partners on IPV + Exploitation** as a **National Training and Technical Assistance Partner (NTTAP).** Health Partners on IPV + Exploitation, offers HCs training on trauma-informed services, building partnerships, policy development, and the integration of processes designed to promote prevention and increase the identification and referral to supportive services for individuals at risk for, experiencing, or surviving intimate partner violence, human trafficking and exploitation. Learn more about upcoming educational activities **here.**

THANK YOU

Futures Without Violence staff wishes to thank the leaders from the Improving Health Outcomes Through Violence Prevention Pilot Project for informing this toolkit: Lisa Ambrose, Tiffany Flowers, Lisa Silva, Clara Vasquez, Celina Alvarez, Ana Soltero, Ruth Zakarin, Vanessa Volz, Kelly Henry, Heather Martin-Thomas, Emily Fanjoy, Erin Richardson, Maria Cancel, Sara Gavin, Tegwin Millard, Barb Boehler, Diane Sorenson, Abner Santiago, Yara Castro, Noemi Elizalde, Keri Scott, Marge Jozsa, Annajane Yolken, and Meghan Gilleylen.

Special thanks to the evaluation partners, Dr. Elizabeth Miller and Claire Raible at the Division of Adolescent and Young Adult Medicine, Children's Hospital of Pittsburgh, UPMC, for their guidance throughout this project.

We also want to thank the Bureau of Primary Health Care and Office of Women's Health within the Health Resources and Services Administration: Sabrina Matoff-Stepp, Jane Segebrecht, Preeta Chidambaran, Nadra Tyus, Keisher Highsmith, Christina Lachance, Tess Joseph, Christiana Lang, and Harriet McCombs; staff at the Administration for Children and Families, Family Violence Prevention and Services Program: Marylouise Kelley, Rebecca Odor, Mao Yang and Kenya Fairley; and Christine Heyen and Sarah Keefe from Oregon Safer Futures for their collective wisdom, guidance and support throughout this project and their unwavering commitment to improving the health and well-being of survivors of DV/SA.

PREVENT, ASSESS, & RESPOND

A Domestic Violence and Human Trafficking Toolkit for Health Centers and Domestic Violence Programs

Intimate partner violence (IPV) and human trafficking (HT) are public health problems of epidemic proportions.

The U.S. Centers for Disease Control and Prevention **defines IPV** as physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner.

The **Trafficking Victims Protection Act of 2000** defines human trafficking as exploitation of a person through the use of force, fraud, or coercion to obtain a labor or sex act. For minors, sex trafficking is defined as any commercial sex act with a minor under age 18.

- Domestic violence/sexual assault (DV/SA) is a key social determinant of health and impacts your patients: almost 1 in 2 women and more than 2 in 5 men reported experiencing some form of IPV at some point in their lifetime.[1,2]
- LGBTQ communities experience violence at similar or higher rates to that of heterosexual women.[3,4,5,6,7,8]
- Human trafficking is also widespread: 88% of sex trafficking survivors had some contact with health care while being exploited.[9]

What is the health and financial consequences of IPV/SA, and human trafficking?

- Health consequences can be severe. The long term impact of DV/SA includes physical injuries, chronic health and mental health issues, and high risk health behaviors.[10] See this **infographic** on the health impact of violence.
- The long-term health impact of HT can include back pain, stomach pain, dizziness, chest/heart pain, and respiratory problems.[11] [12]
- DV/SA is **costly** and interferes with quality of care. Read more about **DV/SA health costs and utilization.**
- The U.S. Preventive Services Task Force **recommends screening and brief counseling for IPV**, currently a required women's preventive service covered benefit.
- **Evidence-based interventions** exist and **preventive service codes** can be used to bill for brief intervention and counseling.
- The U.S. Centers for Disease Control and Prevention **defines IPV** as physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner.
- **The Trafficking Victims Protection Act of 2000** defines HT as exploitation of a person through the use of force, fraud, or coercion to obtain a labor or sex act. For minors, sex trafficking is defined as any commercial sex act with a minor under age 18.

---

1. 2016/2017 CDC National Intimate Partner and Sexual Violence Survey, https://www.cdc.gov/violenceprevention/pdf/nisvs/NISVSReportonIPV_2022.pdf
2. Breiding MJ, Smith SG, Basile KC, Walters ML, Chen J, Merrick MT. Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization—National Intimate Partner and Sexual Violence Survey, United States, 2011. MMWR 2014; 63(SS-8): 1-18. http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf
3. Landers S, Gilsanz P. The health of lesbian, gay, bisexual, and transgender (LGBT) persons in Massachusetts. Massachusetts Department of Public Health; 2009.
4. Braun V, Schmidt J, Gavey N, Fenaughty J. (2009). Sexual Coercion Among Gay and Bisexual Men in Aoteraroa/New Zealand. Journal of Homosexuality, 56:336-360.
5. Houston E, McKirnan DJ. (2007). Intimate Partner Abuse Among Gay and Bisexual Men: Risk Correlates and Health Outcomes. Journal of Urban Health, Bulletin of the New York Academy of Medicine., 84(5):681-690.
6. Tjaden P and Thoennes N. (2000). Full report of the prevalence, incidence, and consequences of violence against women: finding from the national violence against women survey. U.S. Department of Justice, National Institute of Justice, and U.S. Department of Health and Human Services, Centers for Disease Control. NCJ 183781.
7. Grant, J., Mottet, L., Tanis, J., Harrison, J., Herman, J., and Keisling, M, Injustice at Every Turn: A Report of the National Transgender Discrimination Survey. http://www.thetaskforce.org/static_html/downloads/reports/reports/ ntds_full.pdf
8. Laura J. Lederer and Christopher A. Wetzel, The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities, Annals of Health Law Volume 23, Issue 1 (Winter, 2014). https://www.globalcenturion.org/wp-content/uploads/2014/08/The-Health-Consequences-of-Sex-Trafficking.pdf
9. McAmis NE, Mirabella AC, McCarthy EM, Cama CA, Fogarasi MC, Thomas LA, Feinn RS, Rivera-Godreau I. Assessing healthcare provider knowledge of human trafficking. PLoS One. 2022 Mar 9;17(3):e0264338. doi: 10.1371/journal.pone.0264338. PMID: 35263364; PMCID: PMC8906613.
10. Ottisova, L., Hemmings, S., Howard, L., Zimmerman, C., & Oram, S. (2016). Prevalence and risk of violence and the mental, physical, and sexual health problems associated with human trafficking: An updated systematic review. Epidemiology and Psychiatric Sciences, 25(4), 317-341. doi 10.1017/S2045796016000135.
11. Siân Oram et a. "Human Trafficking and Health: A Survey of Male and Female Survivors in England," American Journal of Public Health 106, no. 6 (June 1, 2016): pp. 1073-1078.
12. HRSA: Impact of the Health Center Program (2024), https://bphc.hrsa.gov/about/healthcenterprogram/index.html

Health centers are key to violence prevention.

Health centers (HCs) and Domestic Violence (DV)/Sexual Assault (SA)advocacy programs are natural partners given their shared mission to improve the health, wellness, and safety of their clients. Use this toolkit to build a comprehensive and sustainable response to DV/SA and Human Trafficking (HT) in partnership with DV/SA advocacy programs (social service organizations) to:

- Improve how your health center identifies and responds to DV/SA and promotes prevention.
- Develop proactive partnerships with local DV/SA advocacy programs to address the health needs of patients and connect them to health centers for care.

> *"When health center leadership commits to the system-wide integration of care, including developing formal partnerships with community based social service organizations to address intimate partner violence, we find they are better positioned to improve health outcomes for the patients they serve."*
>
> **Judith Steinberg, MD, MPH**
> **Chief Medical Officer**
> **Bureau of Primary Health Care**
> **Health Resources and Services Administration**

Why Health Centers?

Given their enormous reach and overarching goals to promote health and safety, HCs are uniquely positioned to be leaders in violence prevention across the U.S. One in 11 people nationwide rely on a **HRSA-funded health center** for their health care needs. **Locate a health center** near you. Many HCs have already partnered with DV/SA organizations to implement health interventions with promising results to achieve better health outcomes for patients. Between 2014-2016, 10 HCs and 10 DV/SA programs across the country participated in the **Improving Health Outcomes Through Violence Prevention Pilot Project** to identify promising ways to promote the health and safety of patients. Under this pilot, health centers and partnering DV/SA programs tested all steps to address and respond to DV/SA. To learn more about how DV/SA programs and health centers have partnered, click **here**.

> *"Domestic violence programs and health centers, working in partnership, create communities where victims of domestic violence who ask for help receive a compassionate and helpful response."*
>
> **Marylouise Kelley, PhD**
> **Director**
> **Division of Family Violence Prevention and Services**
> **Administration for Children and Families**

Follow these essential steps to integrate a response to IPV and HT in your health center:

1 BUILD PARTNERSHIPS

Build partnerships between HCs and local DV/SA programs.

- **Build Partnerships-For Health Providers**
- **Build Partnerships–For DV/SA Advocates**

2 PREPARE YOUR PRACTICE

Prepare your practice by implementing a new or updated DV/SA and HT policy to identify and respond to survivors in partnership with community based DV/SA programs, and promote prevention.

3 ADOPT THE EVIDENCE-BASED INTERVENTION

Adopt the simple evidence-based intervention to educate all patients about the connection between IPV and HT and their health and engage them in strategies to promote wellness and safety.

4 TRAIN PROVIDERS AND ALL STAFF

Train providers and all staff on the impact of DV/SA and HT on health outcomes, and how to assess and respond in collaboration with community based DV/SA programs.

5 EVALUATE AND SUSTAIN PROGRESS

Evaluate and sustain your progress as part of continuous quality improvement.

HEALTH PARTNERS ON IPV + EXPLOITATION

FUTURES WITHOUT VIOLENCE

BUILD PARTNERSHIPS

BUILDING PARTNERSHIPS
For Health Providers

Include DV/SA advocates as part of your multidisciplinary care team/approach. Health centers find that establishing formal partnerships with community based DV/SA programs is crucial to providing trauma-informed care for survivors. Learn more about how **DV/SA programs can also work to include health centers as part of their care team.**

"One of our most important accomplishments was having our [domestic violence] advocate on site and available for a warm hand-off and regular communication from the advocate for updates and education."

Keri Scott
Former Director of Quality
The Rinehart Clinic
Wheeler, OR

Partnership Building Resources

- **Building and Sustaining Fruitful Partnerships**
- **Sample MOU: This adaptable template is available in English and Spanish**
- **Case Study: Oregon Guide to Health Care Partnerships**
- **DV Advocates' Guide to Partnering with Health Care**

Domestic and Sexual Violence (DV/SA) advocates offer support, safety planning and coaching to address other social determinants of health

"We developed a system where women who have been facing violence…can come to [our health center] and we help them to navigate the system. We have a primary partner for DV referral and support, DC SAFE, a crisis center in DC. [The health center] doesn't provide any DV crisis intervention, but we navigate them to DC Safe. And also, when DC Safe deals with a client that needs health care or long-term support, they also navigate back to us. Clients that need long term support because they're dealing with some legal issues…like immigration, or immigration status adjustment...we can also help these women so they're not standing alone."

Suyanna Barker, DrPH
Community Health Action Department Director
La Clinica del Pueblo
Washington, DC

Local, state and Tribal DV/SA programs are integral partners to a successful team-based response to DV/SA and HT. Many DV/SA partners are equipped to provide supportive services such as translation, transportation, and legal support which mirror the enabling services offered by health centers. DV/SA programs exist in many communities in which health centers are located and DV/SA advocates can offer a range of support to survivors identified in health centers. Such confidential patient support may include information on healthy and unhealthy relationships; emotional support; emergency and long-term safety planning; and supports related to other social determinants of health including housing, food insecurity and employment as well as court and legal advocacy. DV/ SA programs can provide **similar services to HT survivors** as well. Domestic violence coalitions, local domestic violence programs, Tribal domestic violence programs, and culturally-specific community- based organizations are an integral part of any coordinated healthcare and social service response to DV/SA and HT. Reach out to your local DV/SA program! **Find a domestic violence program** near you, or contact your **state/territory DV coalition** or **Tribal DV coalition**.

DV/SA advocates can connect their clients to primary health care.

Partnerships promote access to health care for survivors of violence because they may have been prevented from seeking care by their abusive partners or traffickers. In a study done by the **National Domestic Violence Hotline**, 53% participants reported that their partner controlled and/or restricted them from accessing health care.[13]

DV/SA programs are in a unique position to reach clients as they come in for relationship and safety support. They can:

- inquire about clients' health and help-seeking on intake forms;
- identify whether the client has a primary health care provider and offer referrals to partnering health centers, informing clients about health center services and sliding scale fees;
- offer onsite basic support such as contraception, pregnancy, and sexually transmitted infection (STI) testing; and
- partner with health centers to offer more robust health services onsite at DV/SA programs.

Tools to Promote Universal Education

Safety Cards

Multi-lingual and population-specific safety cards. The resources panel may be localized by adding in a local DV/SA hotline number, health center logo, or other local resources for support. To learn more, contact the National Health Resource Center on Domestic Violence through **this form** or at **health@futureswithoutviolence.org**.

Health Care Guide for Survivors of DV/SA

Trauma-informed health care tips for those who have survived childhood or adult violence or abuse and have difficulty going to their nurse, doctor, or dentist for care.

---

13. National Domestic Violence Hotline (2021). Intersections of Domestic Violence and Primary Healthcare Focus Survey. https://www.thehotline.org/wp-content/uploads/media/2022/04/2109-Hotline-HRSA-report_FINAL.pdf

BUILDING PARTNERSHIPS
For DV/SA Advocates

Violence can have a significant impact on health, and survivors have often been restricted from accessing care due to IPV and HT. Partnering with health centers will promote access to care for survivors in your program. Learn more about how **health centers can also work to include DV/SA programs as part of their care team.**

> *"Noemi [patient advocate at Mariposa Health Center] and Mercedes [domestic violence advocate at Catholic Community Services] have come together to not just provide single advocacy on the DV side… but also advocacy on the client care/ health side. They enhanced [available] resources, they broadened those support circles…and in a small community you definitely need as much as help as you can get because sometimes the resources are slim to none."*
>
> **Lisa Silva**
> **Program Director**
> **Catholic Community Services**
> **Sierra Vista, AZ**

Receiving Warm Referrals from Health Centers

Serving as the primary referral from your partnering health center increases patients' access to DV/SA services. Offer trainings and continuing education with the health center to introduce your agency's services and staff, along with the dynamics, prevalence, and health impact of IPV and HT. Trainings for your partner will better equip providers and staff to address and respond to IPV and HT at their health center.

- **Supporting Survivor Health Training Deck**
- **Promoting Health Advocacy in Domestic Violence Programs**

Partnerships help promote bi-directional warm referrals for clients/patients and increase staff engagement and support.

Providing Health Services

Promote survivor health at your agency by offering important health services such as **health enrollment**, reproductive health resources, pain medication, and rapid HIV testing. Reflect a culture of health for your clients and staff through wellness classes, healthy food options, and info on health coverage and care. Another way that DV/SA advocates can promote health is by talking with survivors about reproductive coercion and offering reproductive health services like pregnancy tests, contraception, and condoms.

- **Integrating Health and Wellness into DV Advocacy Program Intake and Case Management**
- **Health Care Guide for Survivors of DV/SA**
- **Top 5 Ways Advocates Can Promote Healthcare Access**
- **Getting to Know Your Medicaid Department: Questions to Ask**
- **Healthcare.gov Enrollment for Survivors of DV**
- **Expanding the Continuum Podcast Short: Promoting Health Access to Survivors During Open Enrollment**
- **Safety Cards**

IPV, Trafficking, and Health: Know the Facts

- **Impact of Domestic Violence on Health**
- **The Facts on Reproductive Care and Partner Abuse**
- **Violence Against Women Living with HIV**
- **Human Trafficking and Children: A Fact Sheet**

Health centers participating in the Improving Health Outcomes Through Violence Prevention Pilot Project found that establishing formal partnerships, including **memoranda of understanding (MOUs)**, with community based DV/SA programs, as well as other organizations that support survivors of violence, was crucial to providing trauma informed care for survivors.

Tools to Build a Successful Partnership

Memorandum of Understanding (MOU): It is critical for health centers and DV/SA programs to form solid partnerships in anticipation of future needs. Roles and responsibilities of each organization should be clearly identified; establishing an MOU is one of the best tools to use.

- **Sample MOU:** This adaptable template is available in English and Spanish
- **Tips on how to partner with DV/SA programs**
- **Case Study: Oregon Guide to Health Care Partnerships**

STEP 2

PREPARE YOUR PRACTICE

There are six steps to prepare your practice:

1. Build buy-in for your DV/SA program.
2. Support staff in addressing their own experiences of violence.
3. Adapt policies or **protocols** on DV/SA.
4. Measure quality improvement.
5. Enhance the clinic environment by displaying patient and provider tools.
6. Document and code.

1. Build buy-in for your DV/SA program

You will need support from all staff levels of your health center to create a sustainable and effective response to IPV and HT. This includes CEOs, Board Members, clinicians, peer educators, and billing and front desk staff. Identify one or more champions for your program to build and maintain buy in. Consider engaging a leader from the staff level and one from the provider level to lead and manage changes. This toolkit provides the designated champions all of the necessary tools to support their engagement.

- **Sample slide presentation** for CEOs and board members to build buy-in for why health centers should create a response to DV/SA.
- **Sample workflow** that outlines each staff person's role – from the front office to the exam room -- in responding to DV/SA.
- **Sample blog posts** for October Domestic Violence Awareness Month and April Sexual Assault Awareness Month.

2. Support staff in addressing their own experiences of violence

Creating a **trauma informed health setting** is a critical first step in building a response to IPV. Trauma informed workplaces recognize the needs of both clients and employees. Considering the high prevalence rates of IPV, it is likely that some health center employees are also personally, affected by IPV and others will experience vicarious trauma. Develop policies and implement training specific to health center employees:

- Visit **http://www.workplacesrespond.org/** to view an online toolkit for building workplace responses to IPV, including a tool that allows customization of a protocol for staff exposed to violence.
- Also see a **presentation for staff** on vicarious trauma and self-care strategies.
- See this wellness guide: **"Just Breathe: A Guide to Wellness"**.

"At the beginning of our IPV work we first offered information and resources for employees on vicarious trauma, including developing a support group just for staff, and because of that we were able to build staff resiliency before addressing IPV with patients."

Sara Gavin, LMFT, LPCC
Director of Behavioral Health
CommuniCare Health Centers
Woodland, CA

3. Adapt or update policies and protocols on IPV and HT

It is critical to establish or update your protocol on IPV/SA and HT by identifying roles and responsibilities for staff, establishing a policy to see patients alone, and implementing uniform standards for documentation and reporting. Examples of adaptable protocols from health centers from across the U.S. are featured below.

> *"A key success for us in supporting survivors was helping the health center establish a 'see patients alone' policy."*
>
> **Emily Fanjoy**
> **Health Programs Project Coordinator**
> **Tillamook County Women's Resource Center**
> **Tillamook, OR**

- Adapt the English-language or Spanish-language **"Protocol for HRSA-supported Community Health Centers to Engage Patients through Universal Education Approaches on Exploitation (E), Human Trafficking (HT), Domestic Violence (DV) and Intimate Partner Violence (IPV)"** developed in 2021.
- View **Sample Health Center IPV Protocols developed by health centers** and toolkit for developing a **protocol on human trafficking.**
- View a **video vignette** on the importance of seeing patients alone for part of every visit.

4. Measure Quality Improvement

Work with your quality improvement staff or committee to establish a baseline assessment of the quality of care currently provided to survivors of IPV and HT. Identify appropriate tools to measure progress such as the following **Quality Assessment/Quality Intervention (QA/QI) tool**. Complete the tool at initial IPV and HT program implementation, at the 6-month mark, and again as needed to measure change, address barriers, and evaluate sustainability.

- **Quality Assessment/ Quality Intervention Tool for health care settings**
- **Quality Assessment/ Quality Intervention Tool for DV programs**

5. Enhance the clinic environment by displaying patient and provider tools

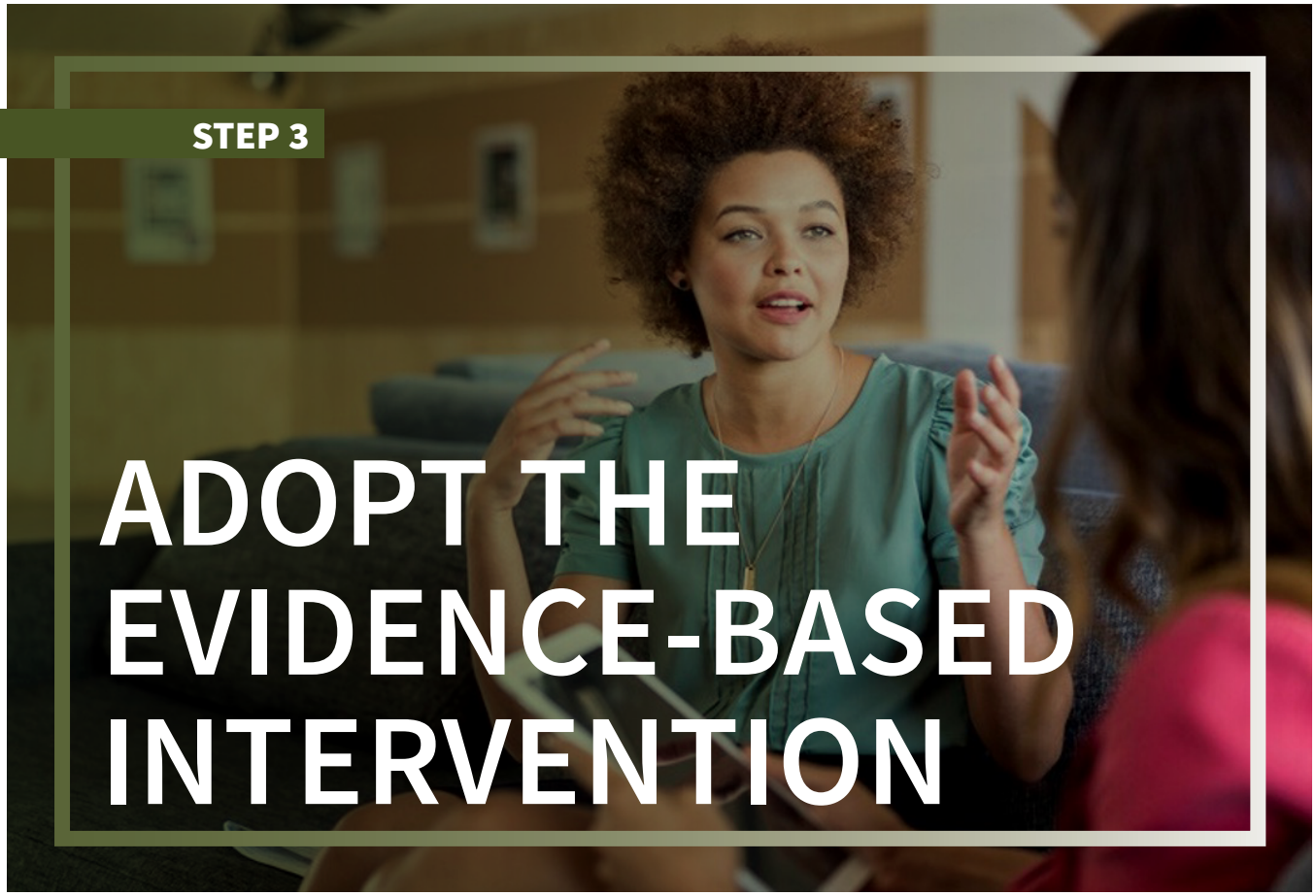
Research shows that creating a supportive environment helps survivors feel more comfortable talking about violence.[14] **Hang posters** in lobbies and exam rooms with IPV prevention and health messages; stock **safety cards** in exam rooms and bathrooms; and **consider other culturally appropriate patient and provider tools.**

6. Documentation and Coding

Be sure to train staff and the billing team on how to document and code for IPV/HT as well as how to implement important privacy protections for what information gets shared about IPV. Current Procedural Technology (CPT) and International Classification of Diseases (ICD) codes are available for age appropriate counseling and risk factor reduction interventions as well as codes to record assessment and counseling for IPV. Starting in 2020 HRSA BPHC's added new Uniform Data System (UDS) measures on IPV and HT and outlined the associated codes.

- **2023 Uniform Data System (UDS) measures**
- **Coding and Documentation for Domestic Violence**
- **Privacy Principles for Protecting Survivors of Domestic Violence**
- **Recommendations for Documentation**
- **Considerations for Explanation of Benefits**
- **Insurance Discrimination Against Victims of Domestic Violence**

14. Chang JC, Decker MR, Moracco KE, Martin SL, Peterson R, Frasier PY. (2005). Asking about intimate partner violence: advice from female survivors to health care providers. Patient Education and Counseling, 59:141-147



STEP 3

ADOPT THE EVIDENCE-BASED INTERVENTION

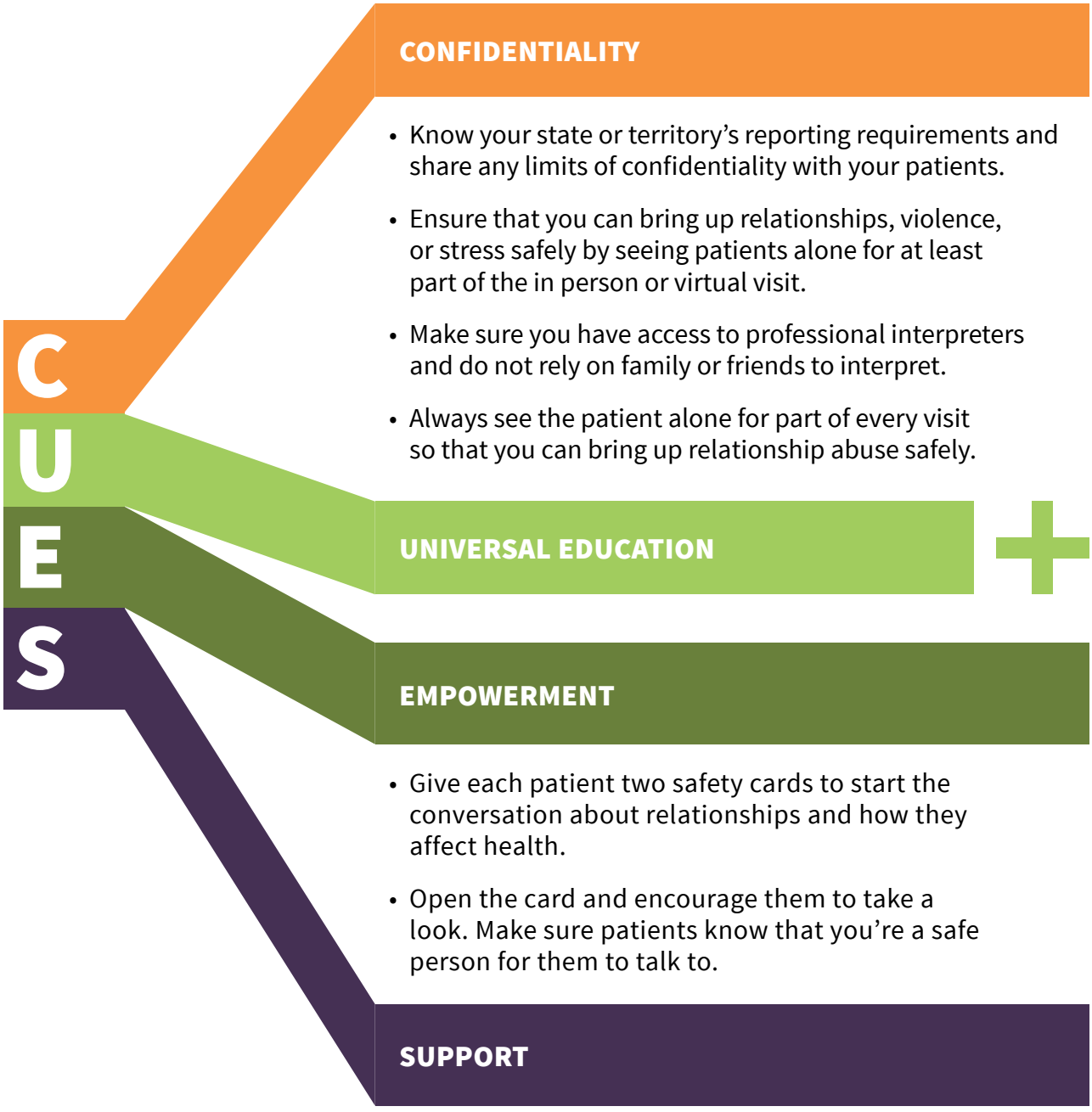
What works?

Educate all patients about the connection between IPV and HT and their health and engage them in strategies to promote wellness and safety. The following are evidence-based steps that a multi- disciplinary care team can take to educate all patients on IPV and HT, while also promoting prevention. You can find additional information around the **evidence behind the CUES intervention**. This approach was also adapted during the **COVID-19 Public Health Emergency for telehealth.**

"FamilyCare Health Center has seen a large increase in disclosures of IPV since we've implemented universal education with the safety card. And we noted that our DV/SA advocacy partner, Branches was quite full in the month after we held the training on addressing and responding to IPV."

Kat Cadle Adams, PsyD
Psychologist
FamilyCare Health Center
Scott Depot, WV

Evidence-Based Intervention: "CUES"



- Know your state or territory's reporting requirements and share any limits of confidentiality with your patients.
- Ensure that you can bring up relationships, violence, or stress safely by seeing patients alone for at least part of the in person or virtual visit.
- Make sure you have access to professional interpreters and do not rely on family or friends to interpret.
- Always see the patient alone for part of every visit so that you can bring up relationship abuse safely.

+

- Give each patient two safety cards to start the conversation about relationships and how they affect health.
- Open the card and encourage them to take a look. Make sure patients know that you're a safe person for them to talk to.

- Though disclosure of violence is not the goal, it will happen - know how to support someone who discloses.
- Make a warm referral to your local domestic/ sexual violence partner agency or national hotlines (on back of all safety cards).
- Offer health promotion strategies and a care plan that takes surviving abuse into consideration.

HEALTH PARTNERS ON IPV + EXPLOITATION

FUTURES WITHOUT VIOLENCE

Use Universal Education

It is important to use universal education in clinical settings, the strategy used to talk to *all* adult female-identifying and LGBTQ patients, and adolescent patients about the health consequences of IPV and HT. Even when asked directly by skilled providers, women may not disclose abuse for reasons including distrust and concern for subsequent violence.[15, 16] Combining universal education on IPV and HT (regardless of a disclosure on any screening tool) with brief trauma-informed harm reduction strategies and warm referrals is beneficial to patients. Following these steps help to increase safety, reduce violence, and improve clinical and social outcomes.

> *"We combined [screening] with using [the safety card] and taking that universal education approach – we aren't really trying to get patients to disclose. We've done a good job in getting providers to understand that that's not [as] important, and the social workers are reinforcing that. We feel like we're doing more prevention and less of putting out a fire."*
>
> **Diane Sorensen, LCSW**
> **Medical Social Worker**
> **Eastern Iowa Health Center**
> **Cedar Rapids, IA**

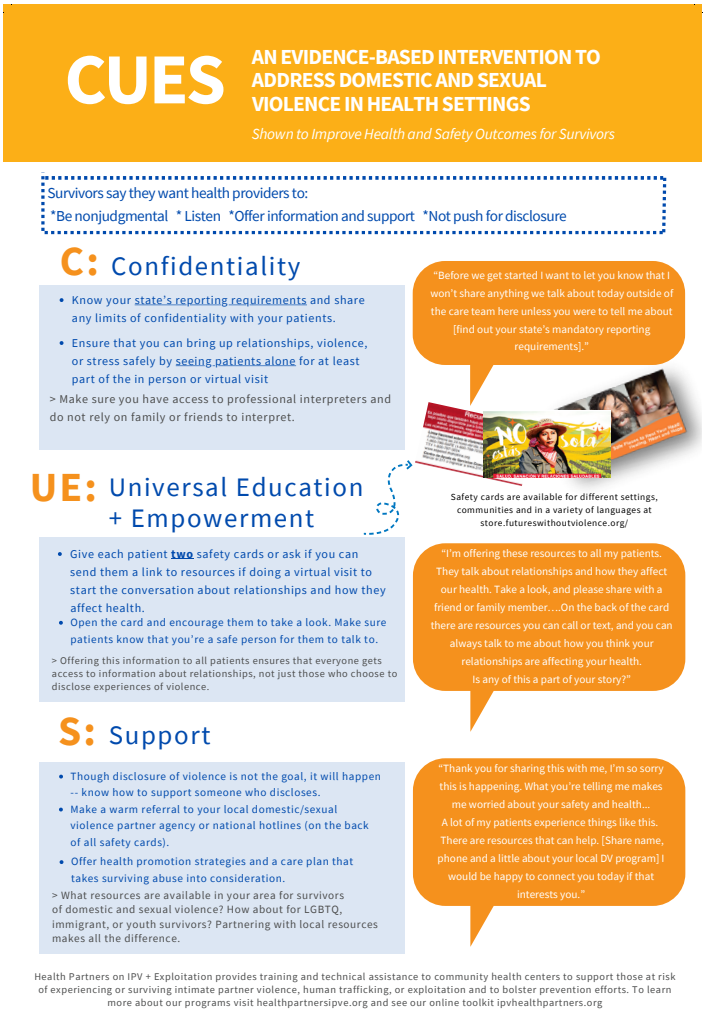
Use the Safety Card Intervention

Universal education is aided by the use of **safety cards**. The evidence-based safety card tool was developed to help clinicians and DV/SA advocates open conversations about IPV and HT and healthy relationships with their clients. Because survivors may choose not to disclose abuse for a variety of reasons, universal education ensures that patients receive information regardless of disclosure, promoting primary prevention. With the support of FUTURES' safety cards and other **patient education materials,** survivors of IPV and HT do not have to disclose abuse in order to receive help.

15. Bair-Merritt MH, et al. Primary care-based interventions for intimate partner violence: Am J Prev Med 2014;46(2):188-94. McCloskey LA, et al. Assessing intimate partner violence in health care settings leads to women's receipt of interventions and improved health. Public Health Rep 2006;121(4):435-44.
16. Miller E, et al. A family planning clinic partner violence intervention to reduce risk associated with reproductive coercion. Contraception 2011;83(3):274-80. Rhodes KV, et al, Interventions for intimate partner violence against women: clinical applications. JAMA 2003;289(5):601

Tools to Promote Universal Education

- **CUES Infographic**
- **Adolescent Health Clinical Guidelines**
- **Reproductive Health Clinical Guidelines**
- **Increasing Capacity to Address Health, Justice, & Equity Through Partnerships: A Guide to Help Health Centers, Domestic Violence Programs, & Civil Legal Aid Organizations Address & Prevent Intimate Partner Violence, Human Trafficking, & Exploitation**
- **Intimate Partner Violence, Homelessness, and Behavioral Health: A Toolkit for Health Centers**
- **Telehealth, COVID-19, IPV, and Trafficking: Increasing Safety for People Surviving Abuse**
- **Survivor Health Brochure**



STEP 4

TRAIN PROVIDERS AND ALL STAFF

Promote team-based care by training the entire health center

Health centers participating in the **Improving Health Outcomes Through Violence Prevention Pilot Project** found that training all staff—from the front desk to physicians—promotes team-based care and was a key part of their success in sustaining a comprehensive response to IPV and HT. Training all staff also increases awareness of workplace policies and support available to employees facing IPV and HT.

"We have completed revamped our intake process. Because of the conversations from the training that we have had we dramatically increased the number (and effectiveness) of questions about health. We're looking at our clients' needs holistically. We're sending the clients a message that it's safe to talk about those issues here".

Maria Cancel, LMHC
Director of Social Services
Brockton Neighborhood Health Center
Brockton, MA

Before introducing health center staff to IPV and HT assessment, universal education and response (mentioned above) related to patients, first educate staff on IPV and HT resources and referral specific to employees. A partnering DV/SA advocate may help develop a workplace policy; offer training to health center staff; facilitate a wellness/resiliency staff support group; or serve as a primary referral for staff requesting support. They may also help offer education on the dynamics of IPV and HT; vicarious trauma; self-care; and discuss institutional supports that help promote staff resiliency.

Key elements of a clinical training

- The health center's commitment to IPV and HT system change, goals and timeline.
- Introduction of partnering local DV/SA advocate(s) and DV/SA advocacy services available to employees and clients.
- Vicarious trauma and staff self-care.
- IPV and HT dynamics and prevalence.
- Physical and emotional health impact of abuse.
- Case examples to build clinical skills on how to offer universal education on healthy and unhealthy.
- Assessment for IPV and HT and harm reduction strategies including warm referrals to local DV/SA programs.
- Information on documentation, reporting (as needed) and quality improvement.

Tools to Train Staff

The following tools were designed to support health centers get started by holding a training (ideally one **3.5-hour training or** two **1.75-hour trainings**). Tools include PowerPoint decks, short video vignettes, fact sheets and clinical guidelines.

- PowerPoint training decks for health center and DV/SA programs:
  - **Project Catalyst: State-Wide Transformation on Health, IPV and Human Trafficking**
  - **Trauma-Informed Approaches to Address IPV and HT in Community Health Centers**
  - **Integrating Health Services into DV Agencies and Community-Based Organizations**
  - **HIV and Ryan White dually-funded programs: Includes an HIV-specific PowerPoint training deck, fact sheet, safety card, and other resources**
- **Archived Webinars**
- **Training videos for health settings**
- **CUES Infographic**

EVALUATE AND SUSTAIN YOUR PROGRESS

Include IPV and HT as health center quality improvement goals

> *"Implementing morning huddles and changes to our EHR have helped us to focus on how we can consistently support IPV survivors."*
>
> **Abner Santiago, LPC**
> **Behavioral Health Consultant**
> **La Comunidad Hispana**
> **Kennett Square, PA**

Monitor quality of care by revisiting your **Quality Assessment/Quality Improvement (QA/QI)** tool, mandating training for all new staff and offering refresher training annually for all staff. Support staff as they implement the new **IPV and HT protocol** through case consultations in morning huddles and reflective supervision. As your program advances, consider evaluating the impact your partnerships have on health outcomes of clients and conduct data review with other measures already collected and assess for opportunities to align efforts with other existing priorities. Also work to integrate prompts and resources into your electronic health record

and monitor your health IT systems to ensure privacy protections are being enforced to keep patient data safe and secure. Every year, revisit partnerships, policies, and formal **memoranda of understanding (MOUs)**, with community- based DV/SA programs, as well as other or new organizations to support survivors of violence, with an aim to ensure crucial partnerships are in place to provide trauma-informed care to survivors.

Tools to support sustainability and quality improvement

- **Quality Improvement/Quality Assessment Tool for Health Centers**
- **Coding and Documentation for Domestic Violence**
- **Privacy Principles for Protecting Survivors of Domestic Violence**
- **Safeguarding health information in explanation of benefits**
- **Reflective supervision questions**

By doing this work...

Health centers are demonstrating their commitment to patient-centered care by helping to prevent IPV and HT before they begin and by recognizing the impact IPV and HT has on health. Working together and coordinating efforts with community-based DV/SA programs help reduce isolation and improve health and safety outcomes for survivors. Our vision is a future without violence that provides education, safety, justice, and hope for all.

EMERGENCY PREPAREDNESS AND SUPPORT FOR STAFF AND SURVIVORS

Health Providers and DV Advocates are Lifelines

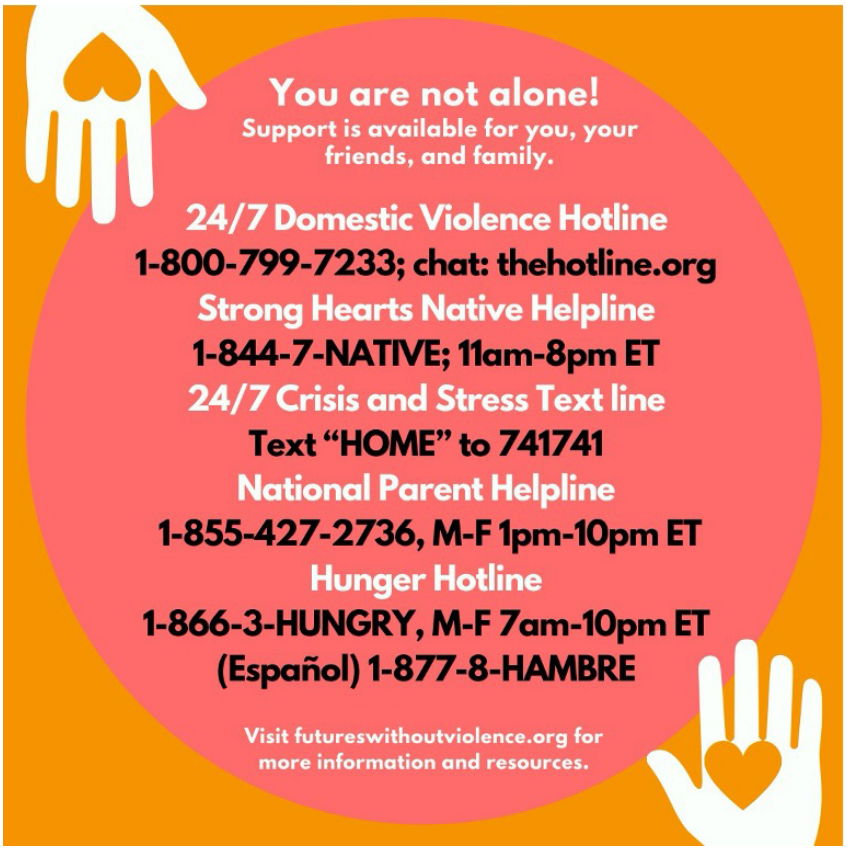
Health professionals and DV advocates are critical in providing virtual and in-person care to meet a survivor's healthcare needs and safety in time of emergencies. IPV/SA, child abuse, and HT increased during the COVID-19 Pandemic since many families and survivors stayed home or were isolated from support systems. Systemic health and economic inequities also increased vulnerability for communities of color and LGBTQ communities. Read more about the **impact of COVID-19 on survivors.**

Providing Universal Education on IPV/HT During COVID-19

Health providers addressed and responded to IPV and human trafficking during COVID-19 by ensuring that all patients had access to essential resources without disclosing experiences of violence. See the resources below (and the infographic) on the right as one example of how providers conducted universal education on IPV/HT during virtual visits.

Tools to support universal education via telehealth

- **Telehealth, COVID-19, Intimate Partner Violence, and Human Trafficking: Increasing Safety for People Surviving Abuse**
- **You are not alone! (shareable resource graphic)**



Community Health Center and Domestic Violence Program Partnerships to Support Survivor Health and Promote Safety During COVID-19

Health Centers and DV programs were important partners during the COVID-19 Public Health Emergency. They both serve clients who were at increased risk for COVID-19. For example: those living in close quarters with others; people experiencing homelessness; elders; people with chronic health issues and people who are immune-compromised. The lessons learned can be applied to emergency preparedness efforts more broadly, and can inform plans for future public health emergencies.

Resources Developed During COVID-19:

- **Building Sustainable and Fruitful Partnerships between Community Health Centers and Domestic Violence Advocacy Programs**
- **Supporting the Health and Economic Needs of DV/SA/HT Survivors during the COVID-19 Public Health Emergency**
- **Shelter in Place, Violence, and the Healthcare Response**

Promoting Staff Wellness During COVID-19

Promoting staff wellness in the workplace during COVID-19 was critical, given high rates of stress, little or no access to child care, and increased financial insecurity. Staff wellness was especially important for health providers and advocates, as they were essential workers.

Resources to Promote Wellness During COVID-19:

- **Resources for Workplaces and Employers**
- **Capacitar International: Mindfulness Videos**
- **ACEs Aware Webinar - Taking Care of Our Patients, Our Teams, and Ourselves**
- **Greater Good Science Center: Well-being Resources for Health Care Professionals**
- **Emotional PPE Project: Free Mental Support for Healthcare Workers**

FREQUENTLY ASKED QUESTIONS

General Information

What is Futures Without Violence?

For more than 40 years, **Futures Without Violence (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. Learn more about our mission **here.**

What is the National Health Resource Center on Domestic Violence?

For more than two decades, the **National Health Resource Center on Domestic Violence** (a project of FUTURES) has supported health care professionals, domestic violence experts, survivors, and policy makers at all levels as they improve health care's response to domestic violence. The center offers personalized, expert technical assistance. Contact **health@futureswithoutviolence.org** or fill out **this** form for training and technical assistance.

What is Health Partners on IPV + Exploitation?

Health Partners on IPV+ Exploitation (a project of FUTURES) is funded by the **Bureau of Primary Health Care (BPHC) Health Resources and Services Administration (HRSA)** to operate as a **National Training and Technical Assistance Partner. Health Partners on IPV +Exploitation** offers health centers training on trauma-informed services, building partnerships, policy development, and the integration of processes designed to promote prevention and increase the identification and referral to supportive services for individuals at risk for, experiencing, or surviving intimate partner violence, human trafficking and exploitation. You can sign up for our monthly newsletter **Catalyst for Change** at the bottom of our website.

We offer free **resources** and educational programs including **webinars and learning collaboratives** on topics including adolescents, elder abuse, farmworker health, health information tech, HIV/AIDS, LGBTQIA+ health, medical/legal partnerships, oral health, people experiencing homelessness, statewide collaborations, and tools for health centers. Learn more: **https://healthpartnersipve.org/**

What is the Domestic Violence Resource Network (DVRN)?

- **The Domestic Violence Resource Network (DVRN)** is funded by the U.S. Department of Health and Human Services and funds a network of organizations working to improve the country's response to domestic violence.
- In addition to funding two national resource centers, **National Resource Center on Domestic Violence** and **National Indigenous Women's Resource Center**, the DVRN also funds three culturally- specific resource centers. These include:
    - **Esperanza United** is the national resource center focusing on addressing domestic violence, sexual assault, and human trafficking in Latin@ communities. Click here for their resource library that has culturally specific tools, reports/research, webinars, resources for Latin@ communities.
    - **Asian & Pacific Islander Institute on Gender-Based Violence (API-GBV)** offers training and technical assistance for survivors in Asian & Pacific Islander communities. Their **resource library** has culturally-specific materials available for various forms of gender-based violence that are prevalent in AAPI communities.
    - **Ujima**, the National Center on Violence Against Women in the Black Community, which offers training and technical assistance and educational resources for prevention and responding to domestic, sexual, and community violence in the Black community.

Five special issue resource centers:

- **Battered Women's Justice Project Criminal and Civil Justice Center**
- **National Clearinghouse for the Defense of Battered Women**
- **National Council of Juvenile and Family Court Judges**
- **National Health Resource Center on Domestic Violence**
- **National Center on Domestic Violence, Trauma, & Mental Health**

In addition, the DVRN supports:

- **National Domestic Violence Hotline**
- **National LGBTQ Institute on Intimate Partner Violence**
- **Alaska Native Women's Resource Center**
- **Safe Housing Partnerships**

Do you provide training on-site?

Futures Without Violence is unable to take requests for in-person training. However, the HRC and Health Partners offer training resources and ongoing virtual TTA through webinars, conference presentations etc. The National Health Resource Center on Domestic Violence offers a number of training curricula and other tools to facilitate training, and an ongoing webinar series highlight promising practices. You contact us fill the training assistance form **here** or contact **health@futureswithoutviolence.org** for more info. **Health Partners on IPV+ Exploitation** team also provides training and technical assistance on trauma-informed services, building partnerships, policy development, and the integration of processes designed to promote prevention and increase the identification and referral to supportive services for individuals at risk for, experiencing, or surviving IPV, HT, and exploitation. You can request training and technical assistance by filling out **this form.**

Definitions

What is domestic violence?

Domestic violence is the willful intimidation, physical assault, battery, sexual assault, and/or other **abusive behavior** as part of a systematic pattern of **power and control** perpetrated by one intimate partner against another. It includes physical violence, sexual violence, psychological violence, and emotional abuse. The frequency and severity of domestic violence can vary dramatically; however, the one constant component of domestic violence is one partner's consistent efforts to maintain power and control over the other. Domestic violence can happen to anyone regardless of their race, age, class, gender, sexual identity. Learn more about the dynamics, signs, and prevalence of domestic violence **here**.

What is sexual violence (also referred to as sexual assault)?

Sexual violence is defined by the Center for Disease Control as: A sexual act committed against someone without that person's freely given consent. Sexual violence is divided into the following types:

- Completed or attempted forced penetration of a victim.
- Completed or attempted alcohol/drug-facilitated penetration of a victim.
- Completed or attempted forced acts in which a victim is made to penetrate a perpetrator or someone else.
- Completed or attempted alcohol/drug-facilitated acts in which a victim is made to penetrate a perpetrator or someone else.
- Non-physically forced penetration which occurs after a person is pressured verbally or through intimidation or misuse of authority to consent or acquiesce.
- Unwanted sexual contact.
- Non-contact unwanted sexual experiences. Read more **here**.

What is intimate partner violence (IPV)?

The U.S. Centers for Disease Control and Prevention **defines IPV** as physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner.

What is trauma?

Trauma is a normal reaction to an abnormal situation. "Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." **(SAMHSA)**

What is trauma-informed care?

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines a trauma-approach to care as:

"A program, organization, or system that:

- Realizes the widespread impact of trauma and understands potential paths for recovery.
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system.
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices.
- Seeks to actively resist re-traumatization.

A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing." Read more **here.**

What is vicarious trauma?

Vicarious trauma happens when we accumulate and carry the stories of trauma: including images, sounds, resonant details—we have heard, which then come to inform our worldview. Check out **our webinar** on burnout and vicarious trauma.

What is universal education?

Universal education is a strategy used to educate all patients on healthy and unhealthy relationships, and supportive services including national hotlines. This approach differs from screening in that it advocates for all patients to be given information on the health impact of IPV and available support, regardless of whether or not they disclose current or past experiences of violence, thus reaching more patients who may choose not to disclose for a variety of reasons, while also promoting prevention. Universal education should also be coupled with direct inquiry and an offer for a warm referral and available resources for IPV.

- Read more about our **evidence-based clinical intervention.**
- See our **CUES intervention** graphic as a visual reminder of the steps of the intervention, which can be posted in your staff break room.

What is a warm referral?

A warm referral, as referred to in the **CUES** intervention, is a supported referral to DV/SA advocacy services from a health provider, in which the provider is able to offer a patient access to an on-site DV/SA advocate; offer use of the clinic's phone to call a local resource; or offer the name and phone number so they can reach out independently, etc. Complement a warm referral with a **brochure or safety card** from a local DV/SA agency, if it is safe for the patient to take home. Ideally, the provider has an established relationship with the DV/SA advocacy program and is familiar with the staff and services available, thus increasing the likelihood of the patient following through with the connection.

What is a safety card tool?

Futures Without Violence offers a number of multilingual, low-literacy patient education safety card tools 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 DV/SA advocates open conversations about DV/SA and healthy relationships with their clients. They are typically a 4-5 panel double-sided tool that folds into a 2.5 x 3-inch card (business-card sized). FUTURES offer a number of **setting-specific and population-specific safety cards.**

What is strangulation and traumatic brain injury (TBI) and how do they relate to violence, abuse and fatality risk?

- Traumatic Brain Injuries (TBIs) are a common form of physical violence that are often repeated. The Centers for Disease Control **(CDC) defines a traumatic brain injury (TBI)** as a disruption in the normal function of the brain that can be caused by a bump, blow, or jolt to the head, or penetrating head injury. According to American Brain Association, "over 75% of domestic violence survivors suffer single or repeated traumatic brain injuries, most of which go unreported" (American Brain Association). Strangulation is one of the most lethal forms of domestic violence that survivors of violence and abuse experience. Visit **Training Institute on Strangulation Prevention**, to learn more about the impact of strangulation and **additional resources** to support survivors.

- Watch this 90 minute **webinar** recording, Addressing Partner Inflicted Brain Injuries With a Health Equity Lens from **Health Partners on IPV+ Exploitation**.

- Advocates can also keep in mind while safety planning the potential cognitive and behavioral impact that TBIs can have. The **"HELPS" Screening Tool for Traumatic Brain Injury** is a helpful screening tool to assess for TBIs, which is designed for professionals who are not TBI experts. The "HELPS" tool also describes potential cognitive, behavioral, and physical symptoms of TBIs, as well as recommendations for working with women who have TBIs. The **Danger Assessment Tool** helps to determine the level of danger an abused woman has of being killed by her intimate partner. It is free, available to the public, and is available in English, Spanish, Portuguese, and French Canadian.

- **The Center on Partner- Inflicted Brain Injury** by **Ohio Domestic Violence Network (ODVN)** developed educational resources for survivors and advocates on TBIs and strangulation. The **Has Your Head Been Hurt** educational card provides information on injuries related to TBIs and strangulation, links to emotional and cognitive symptoms, and highlights the warning signs of life-threatening injuries. **The Invisible Injuries Booklet** is a companion tool for the **Has Your Head Been Hurt** card, to assist domestic violence programs in accommodating the needs of survivors who have experienced head injuries and to identify possible follow-up care or evaluation. ODVN's work on TBIs and intersections with domestic violence was featured in **this report from the U.S. Government Accountability Office**, which led to the U.S. Department of Health & Human Services to agree to coordinate among its agencies to better address TBIs related to domestic violence.

Health and Intimate Partner Violence

What is the health impact of IPV?

IPV has serious implications for the health and wellbeing of its survivors. As the leading cause of female homicides and injury-related deaths during pregnancy, IPV also accounts for a significant proportion of injuries and emergency room visits for women. IPV is a significant yet preventable public health problem that affects millions of people regardless of age, economic status, race, religion, ethnicity, sexual orientation, or educational background. Individuals who are subjected to IPV may have lifelong consequences, including emotional trauma, lasting physical impairment, chronic health problems, and even death. Women who have beenvictimized by an intimate partner and children raised in violent households are more likely to experience a wide array of physical and mental health conditions including frequent headaches, gastrointestinal problems, depression, anxiety, sleep problems, and Post Traumatic Stress Disorder (PTSD). Despite these alarming facts, a critical gap remains in the delivery of comprehensive health care to women. For more information, visit **https:// www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html**

How often should I screen and offer universal education on IPV?

It's important to talk to all patients at least once a year or with each new partner about healthy relationships, ones that aren't, and how it affects their health. Ensure that screening questions are accompanied with a discussion about the health impact of IPV and available resources. Because of the higher prevalence of abuse during pregnancy, check in with pregnant women about how their relationship is going at least once a trimester and postnatal.

Should I screen and offer universal education to just women or to all patients?

- Everyone deserves to have respectful and caring relationships and anyone can be a victim of intimate partner and sexual violence. LGBTQ people experience IPV at rates similar to or higher than heterosexual women–another reason to talk to all patients about the health impact of IPV and available resources. All patients can benefit from universal education about the health impact of healthy and unhealthy relationships.
- Because the majority of IPV survivors are women, most health centers begin by offering universal education and screening to just women, later expanding to all patients once the practice has been solidified.

What screening tool is best to use in our electronic health record (EHR)?

We support a universal education approach–talking to all patients about the health impact of IPV, in addition to asking direct questions about current and past experiences of IPV. Universal education also provides patients with resources on where to get help if they need it, and offers brief counseling and a warm referral to a DV/SA advocate in the event of a disclosure. Universal education can be combined with screening tools that are integrated into the electronic health records (EHRs). The US Preventive Services Taskforce also **recommends a number of screening tools,** including **Hurt, Insult, Threaten, Scream (HITS)** (English and Spanish versions); **Slapped, Threatened, and Throw (STaT); and Humiliation, Afraid, Rape, Kick (HARK).**

- Webinar: **HITEQ Highlights: Addressing Intimate Partner Violence and Human Trafficking in the Health Center Setting**
- **Addressing IPV/HT with New OCHIN Smartform**

How can I protect survivor privacy and still promote improved health?

- Federal legislation and state and local statutes are crucial to establishing a comprehensive baseline of regulations and protections for the use and disclosure of sensitive electronic information. **Health information technology (HIT)** developers and vendors also have a role in building the software and hardware necessary to deal with the information in an appropriate fashion.
- Below are guiding principles that should be applied by clinicians, administrators, policy makers and developers when designing, building or regulating health information systems that will hold or exchange sensitive health information. These principles build on past work to protect information collected in paper health records, and expand the consideration to electronic health records and health information exchanges. Learn more about privacy principles for protecting survivors of IPV, exploitation and human trafficking in healthcare settings **here.**

What are the health care reporting requirements for IPV in my state, Tribe, or U.S. territory?

See our Compendium of State and U.S. Territory Statutes and Policies on Domestic Violence and Health.

Resources

Domestic Violence and Sexual Assault (DV/SA) programs: What are they and where can I find one?

- Many DV/SA partners are equipped to provide supportive services such as translation, transportation, and legal support which mirror the enabling services offered by health centers. DV/SA programs exist in many communities in which health centers are located and DV/SA advocates can offer a range of support to survivors identified in health centers. Such confidential patient support may include information on healthy and unhealthy relationships; emotional support; emergency and long-term safety planning; and supports related to other social determinants of health including housing, food insecurity, and employment as well as court and legal advocacy. Some advocates staff crisis hotlines, run support groups or provide in- person counseling, and some agencies have programs for adolescents and children. In some instances, a community may only have one such program available to support DV/SA survivors and their families. However, other communities may operate both a domestic violence program and a distinct sexual assault program.
- **The National Hotline on Domestic Violence** can help identify local programs and offer safety planning assistance to survivors, concerned family members, or professionals working with clients who need help. The Hotline is staffed by DV/SA advocates available to talk 24/7 at 1-800-799-SAFE (7233) in over 170 languages and online: **www.thehotline.org.** All calls are confidential and anonymous.
- There is also a national helpline for Native American communities, the **StrongHearts Native Helpline**, 1-844-7NATIVE (1-844-762-8483) that provides 24/7 helpline services including call, text and chat services. The **StrongHearts Native Helpline** is a culturally-a ppropriate, confidential service for Native Americans affected by domestic violence and dating violence.
- You may also contact your **state or territory domestic violence coalition** or **Tribal coalition** to find a local domestic violence program near you.
- Additionally, RAINN (Rape, Abuse & Incest National Network) is the nation's largest anti-sexual violence organization. RAINN created and operates the National Sexual Assault Hotline (800.656.HOPE) and **www.rainn.org** (with a live chat) in partnership with more than 1,000 local sexual assault service providers across the country.

What is a health center and how can I find one?

Health centers are community-based organizations that deliver comprehensive, culturally competent, high-quality primary health care services to the most vulnerable individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and veterans. There are 1,400 health center organizations that operate 15,000 sites across the U.S. Click **here** to find a health center close to you.

What resources do you have for Lesbian, Gay, Bisexual, Trans and Queer (LGBTQ) and Gender-non-conforming (GNC) communities?

- The National Health Resource Center on Domestic Violence offers a number of resources tailored specifically for LGBTQ/GNC communities, including safety cards and posters. Learn more about our resources for **working with LGBTQ/ GNC communities**, and **order materials.**
- If you are interested in learning more about human trafficking among LGBTQIA+ youth, you can check out **this** webinar and **toolkit** developed collaboratively by **Health Partners on IPV+ Exploitation** and **Fenway's National LGBTQIA+ Health Education Center.**

What resources do you have for rural or remote communities?

Rural and remote communities have unique needs related to distance, isolation, inclement weather, and access to services and emergency responses, among others. A 2011 study published in the Journal of Women's Health found that 22.5% of women in small rural areas and 17.9% in isolated areas reported being victims of intimate partner violence, compared to a national average of 16.1%.* Futures Without Violence contributed to the **Violence and Abuse in Rural America Guide** that addresses the wide range of abuses that may take place in rural communities. FUTURES also offers an archived webinar: **Collaborating to Address Trafficking in Rural Communities: Lessons from the Field,** and the manual, **Building the Rhythm of Change: Developing Leadership and Improving Services Within the Battered Rural Immigrant Women's Community**. View additional resources for **American Indian/Alaska Native communities** and a **partnership model for rural areas**.

- For information on trafficking in rural communities and how health settings can respond, see **this article from the Rural Health Information Hub**.
- *Peek-Asa, C., Wallis, A., Harland, K., Beyer, K., Dickey, P., & Saftlas, A. (2011). Rural Disparity in Domestic Violence Prevalence and Access to Resources. Journal of Women's Health, 20(11), 1743-1749. doi:10.1089/ jwh.2011.2891

Where can I find more information on programs addressing human trafficking and its health impact, as well as intervention and support strategies?

Human trafficking has severe **adverse effects on the health**, well-being, and human rights of millions of vulnerable adults and young people in the U.S. and globally.

Learn more about FUTURES' **programs, policies, and initiatives** working to prevent and respond to human trafficking.

Below are some resources from FUTURES that address human trafficking:

- Click here to learn about **Health Partners on IPV+ Exploitation** past webinars, tools/toolkits that promote health and safety outcomes for those surviving HT and exploitation.
- The **adolescent health safety card** and the **reproductive health safety card** integrate information on trafficking.
- Webinar: **"Collaborating with Community-based Organizations and Faith-based Communities to Address Trafficking"**
- Webinar: **"Legal Aspects of Human Trafficking for Health Providers"**
- Webinar: **"Collaborating to Address the Needs of Trafficked Survivors with Disabilities"**

Additional Resources

- Reach out to the **National Human Trafficking Hotline** if you or someone you know is a victim of human trafficking and also for more information on the prevalence of trafficking and how to get involved.
- Learn more about trafficking among American Indian women and girls in Minnesota in the **Shattered Hearts** report from the **Minnesota Indian Women's Resource Center**. View this webinar for more information on addressing trafficking in rural communities.
- Watch this Frontline documentary, **Trafficked in America**, to learn more about a case of labor trafficking on an egg farm in Ohio.
- **Health professionals can play a significant role** in early intervention of human trafficking and reducing the profound suffering it causes. The U.S. Department of Health and Human Services **SOAR** training program helps health care and social service providers identify and respond to survivors of human trafficking. **HEAL Trafficking** also takes a public health perspective to ending trafficking and **provides training for healthcare** professionals on addressing and responding to survivors of trafficking.

What languages are your materials in, and what culturally-specific resources do you offer?

Futures Without Violence has developed materials to meet the unique needs of all individuals and families. Culturally-specific resources include patient safety cards, posters, fact sheets and reports, and some are multilingual. For example:

- **American Indian/Alaska Native** safety cards (3 versions), posters, a caregiver/parent brochure, fact sheet, and promising practices report. See also the FAQ entry for resources for **American Indian/Alaska Native (AI/AN) communities.**
- **Health Partners on IPV and Exploitation** and **Alianza Nacional de Campesinas** developed **a safety card tool for farmworkers** and for the professionals who work with them, on intimate partner violence, health care access, and relationship support.
- **Lesbian Gay Bisexual Transgender Queer (LGTBQ) and Gender- Nonconforming (GNC)** safety cards (English and Spanish) and a poster. See also the FAQ entry for resources for **LGBTQ** and **GNC communities** safety card in five languages commonly spoken in Hawaii (Chinese, Chuukese, Hawaiian, Marshallese, and Tagalog).
- **Spanish** language safety cards, posters, and brochures.
- General health safety card in **Tagalog** for a national audience, as well as a guide for **organizing a community-based response to domestic violence**, using the Filipino community as a model.
- General health safety cards in **Arabic** and **Farsi**.
- General health safety card, reproductive health safety card, adolescent health, and LGBTQ safety cards in **Armenian**, **Chinese**, and **Korean**.
- Safety card for **high school and college-aged Muslims**. See all culturally-specific tools **here**.

Let us know what you think about the toolkit by completing a short survey here.

HEALTH PARTNERS ON IPV + EXPLOITATION

In July, 2020 Futures Without Violence was newly funded by HRSA's Bureau of Primary Health Care to operate Health Partners on IPV + Exploitation as a National Training and Technical Assistance Partner. Health Partners on IPV + Exploitation, offers health centers training on trauma- informed services, building partnerships, policy development, and the integration of processes designed to promote prevention and increase the identification and referral to supportive services for individuals at risk for, experiencing, or surviving intimate partner violence, human trafficking and exploitation.

Health Partners on IPV + Exploitation offer free resources and educational programs including webinars and learning collaboratives.

Learn more: https://healthpartnersipve.org/

Join Catalyst for Change e-news for updates about our programs and resources.
Visit healthpartnersipve.org and see the footer to sign up.

HEALTH PARTNERS ON IPV + EXPLOITATION healthpartnersipve.org

FUTURES WITHOUT VIOLENCE futureswithoutviolence.org | ipvhealthpartners.org