

Collaborating to Address the Health and Legal Needs of Patients Experiencing Intimate Partner Violence and Exploitation

Peer Learning Collaborative

Thank you for joining!

We invite you to share your location, organization/health center name, and pronouns in the chat.



Session 1 • May 5, 2022

Acknowledgements

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Health Partners on IPV + Exploitation (Futures Without Violence)

This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$650,000 with 0% financed with non-governmental sources.

National Center for Medical-Legal Partnership

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Health Partners on IPV + Exploitation is led by Futures Without Violence (FUTURES) and funded by HRSA BPHC to work with community health centers to support those at risk of experiencing or surviving intimate partner violence, human trafficking, or exploitation and to bolster prevention efforts.

We offer health center staff ongoing educational programs including:

- ✓ Learning Collaboratives on key topics for small cohorts
- ✓ Webinars + archives
- ✓ Clinical and patient tools, an online toolkit, evaluation + Health IT tools

Learn more: www.healthpartnersipve.org



National Center for Medical Legal Partnership

AT THE GEORGE WASHINGTON UNIVERSITY

The [National Center for Medical-Legal Partnership](#) (NCMLP) at the George Washington University helps to build an integrated health care system that better addresses health-harming social needs by leveraging legal services and expertise to advance individual and population health.

Goals:

NCMLP provides specialized training and technical assistance (T/TA) designed to meet each of the objectives under the NTTAP type “Medical-Legal Partnerships” (interchangeably referred to as MLPs). These include:

- (1) increase the number of health centers that address health-related legal needs of patients to improve population and community health;
- (2) increase the number of patients that are screened for health-related legal needs that may affect health outcomes; and
- (3) increase the number of health centers that implement medical-legal partnerships to address social determinants of health (SDOH).

HRSA’s 2019-2022 Strategic Plan specifically includes mitigation of SDOH needs and barriers as a mechanism for improving health

Virtual Webinar Training Note

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Because domestic and sexual violence and human trafficking are so prevalent, assume that there are survivors among us.

- Be aware of your reactions and take care of yourself first. It's ok to step away from Zoom if you need to.
- Respect patient or client confidentiality.



Learning Objectives

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As a result of this Learning Collaborative, participants will be better able to:

1. **Identify strategies to build partnerships** between civil legal services providers and community health centers to address the health and legal needs of survivors of IPV and exploitation.
2. **Describe strategies for sustaining and growing collaborative health justice responses** to preventing and addressing IPV.
3. Describe **3 tools that can help community health centers and civil legal services formalize partnerships and develop protocols** for responding to domestic violence and building prevention strategies.



Learning Collaborative Session Topics

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- **Session 1:** Collaborating to Address the Health and Legal Needs of Patients Experiencing Intimate Partner Violence and Exploitation: Introduction, Tools, and Resources
- **Session 2:** Developing Partnerships Between Legal Services Programs and Health Centers - spotlight on Colorado
- **Session 3:** Scaling and Sustaining Medical Legal Partnerships to Address IPV and Exploitation - spotlight on Alaska
- **Session 4:** Partnering to Address the Health and Legal Needs of Older Adult Survivors of Abuse and Exploitation - spotlight on Indiana



Faculty

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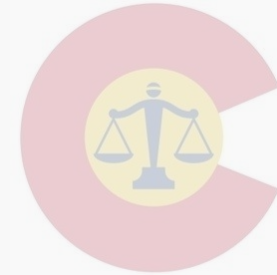
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Session 1

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Collaborating to Address the Health and Legal Needs of Patients Experiencing Intimate Partner Violence and Exploitation: Introduction, Tools, and Resources

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Asian Health Services and
Faculty with Health Partners on IPV
+ Exploitation, Futures Without
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The Heart of the Model: Building Meaningful Partnerships

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Defining Success

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“

Success is measured by our efforts to reduce isolation and to improve options for safety.

”

Health Partners on IPV + Exploitation
(Futures Without Violence)



What are some of the ways that you define success in your partnerships?



Health Impact

- Anxiety, Depression, PTSD
- Asthma
- Barriers to healthcare
- Bladder and kidney infections
- Cardiovascular problems
- Gastrointestinal issues
- Chronic pain syndromes
- Sleep Problems
- STIs and HIV
- Suicidality
- Unintended Pregnancies

Intimate Partner Violence

- Anxiety, Depression, PTSD
- Back pain
- Barriers to healthcare
- Cardiovascular problems
- Dental pain
- Headaches
- Gastrointestinal issues
- Sleep problems
- STIs and HIV
- Suicidality
- Unintended Pregnancies

Human Trafficking



Why build partnerships?

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- Improve outcomes for survivors
- Prevent multiple forms of violence
- Leverage resources
- Support for staff wellness
- Address complexity
- Expand prevention strategies



The Heart of the Model: Building Meaningful Partnerships

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



Download a sample MOU:

<https://ipvhealthpartners.org/partner/>

Benefits of Health Center & DV Programs Partnerships During COVID

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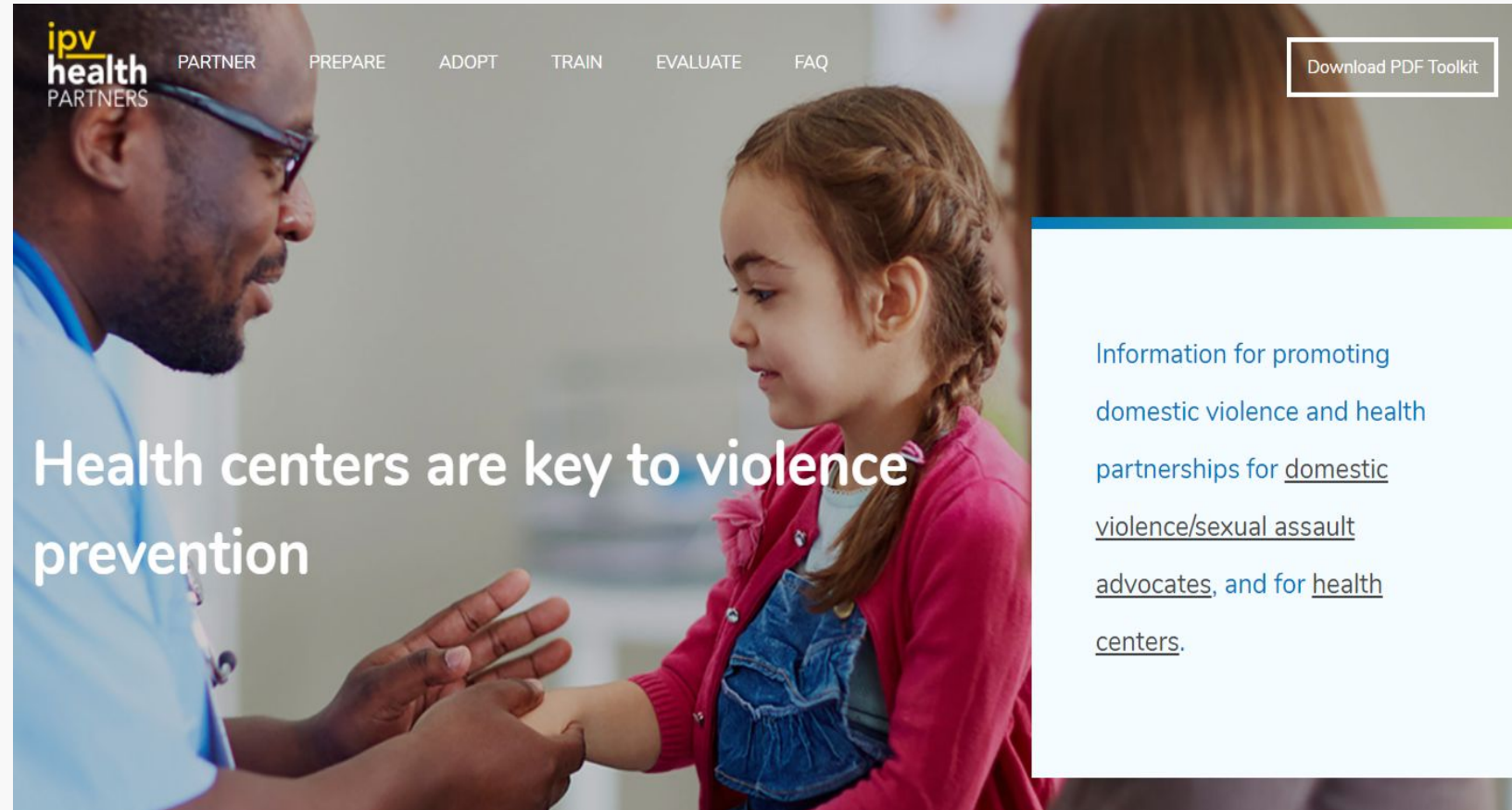
- ✓ Health enrollment for clients and staff (sick or not) + any children
- ✓ Help establishing a primary care provider (PCP) – moving away from emergency-level care
- ✓ COVID testing and vaccinations (available for staff and clients)
- ✓ COVID mask distribution and home test distribution
- ✓ COVID operational protocol consultation (for DV programs & shelters) + emergency response
- ✓ Support for health center staff + patients who experience DV, safety planning.

Aligns with American Rescue Plan priorities to provide access to COVID-19 testing, vaccines, and mobile health units for DV programs



Building and Sustaining Fruitful Partnerships

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ipv health PARTNERS

PARTNER PREPARE ADOPT TRAIN EVALUATE FAQ

Download PDF Toolkit

Health centers are key to violence prevention

Information for promoting domestic violence and health partnerships for domestic violence/sexual assault advocates, and for health centers.

Handout:
Building and Sustaining Fruitful Partnerships

Handout:
Sample Memorandum of Understanding



Using a Health Center Protocol for IPV/HT/E

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Go to Health Partners on IPV + Exploitation website and search under resources to download.

<https://healthpartnersipve.org/futures-resources/sample-health-center-protocol/>

[Name of Community Health Center]	
MANUAL: Clinical	Section:
Exploitation, Human Trafficking, and Intimate Partner Violence	
Policy Approved:	Procedures Last Revision Date:
Policy Last Review Date:	Procedures Last Review Date:

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)

Protocol Purpose: The protocol purpose is to prevent exploitation, human trafficking, domestic violence, and intimate partner violence by helping patients have healthy relationships and promote their health as workers. This will occur through universal education about healthy relationships and fair labor practices for the prevention of abuse, violence, and exploitation. The protocol will enable the health center to provide trauma-informed, survivor-centered care; intervention with clinical and case management services; and formalized ways to connect patients with community-based services that provide resources for domestic violence, employment assistance, housing, food, civil legal aid, and other basic needs. Also, health centers will attend to the patients' physical and mental health needs and create safety plans in partnership with community-based advocates. Patients often have physical and emotional safety needs that must be supported by trauma-informed protocols and healing services. For example, health impacts of domestic violence and human trafficking/exploitation include exacerbation of chronic illness, sexually transmitted infections, reproductive coercion, traumatic brain injuries and history of strangulation, anxiety, depression, and post-traumatic stress disorder (PTSD). *(For more information about the health impact of trauma and abuse, and to download community health center tools on these topics visit: <https://ipvhealthpartners.org/>).*

This protocol also serves as a support resource for health center staff. Given the prevalence of violence and exploitation in communities, health center employees also have personal experiences of violence, abuse, trauma, or exploitation, and may experience vicarious trauma, secondary traumatic stress, or PTSD re-traumatization from caring for patients affected by violence. The community-based resources in this protocol also serve as resources for staff. In addition, it is recommended that health centers create workplaces free from domestic violence, sexual harassment and violence, and stalking (helpful policies and toolkits are available through [Workplaces Respond to Domestic and Sexual Violence: A National Resource Center](https://www.workplacesrespond.org/), a project of Futures Without Violence, visit <https://www.workplacesrespond.org/>).

This protocol addresses both [intimate partner violence \(IPV\)](#) and [domestic violence \(DV\)](#) and the terms are used interchangeably (with "domestic violence" as the broader term across the document).

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(Version: July, 2021)

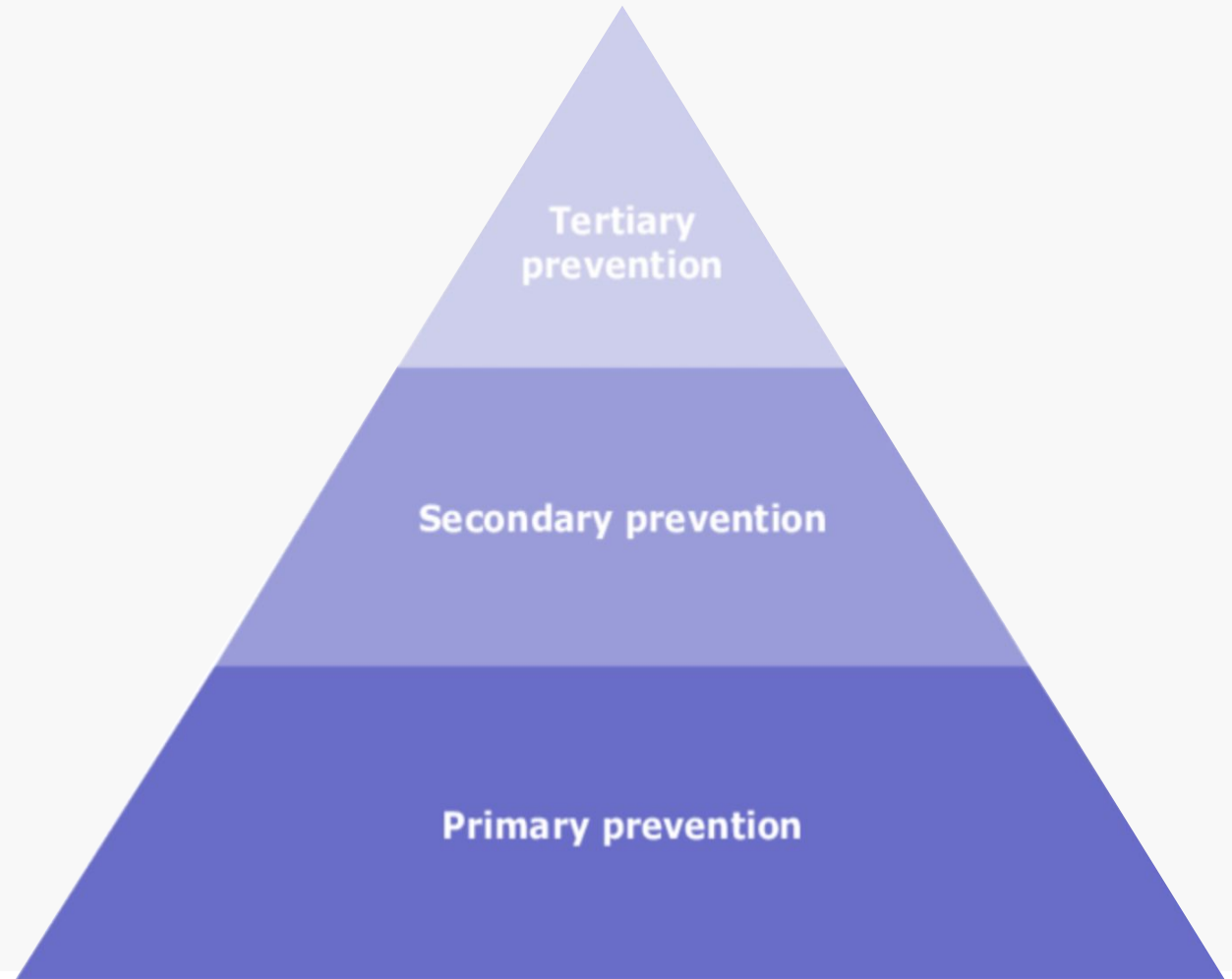


Levels of Prevention

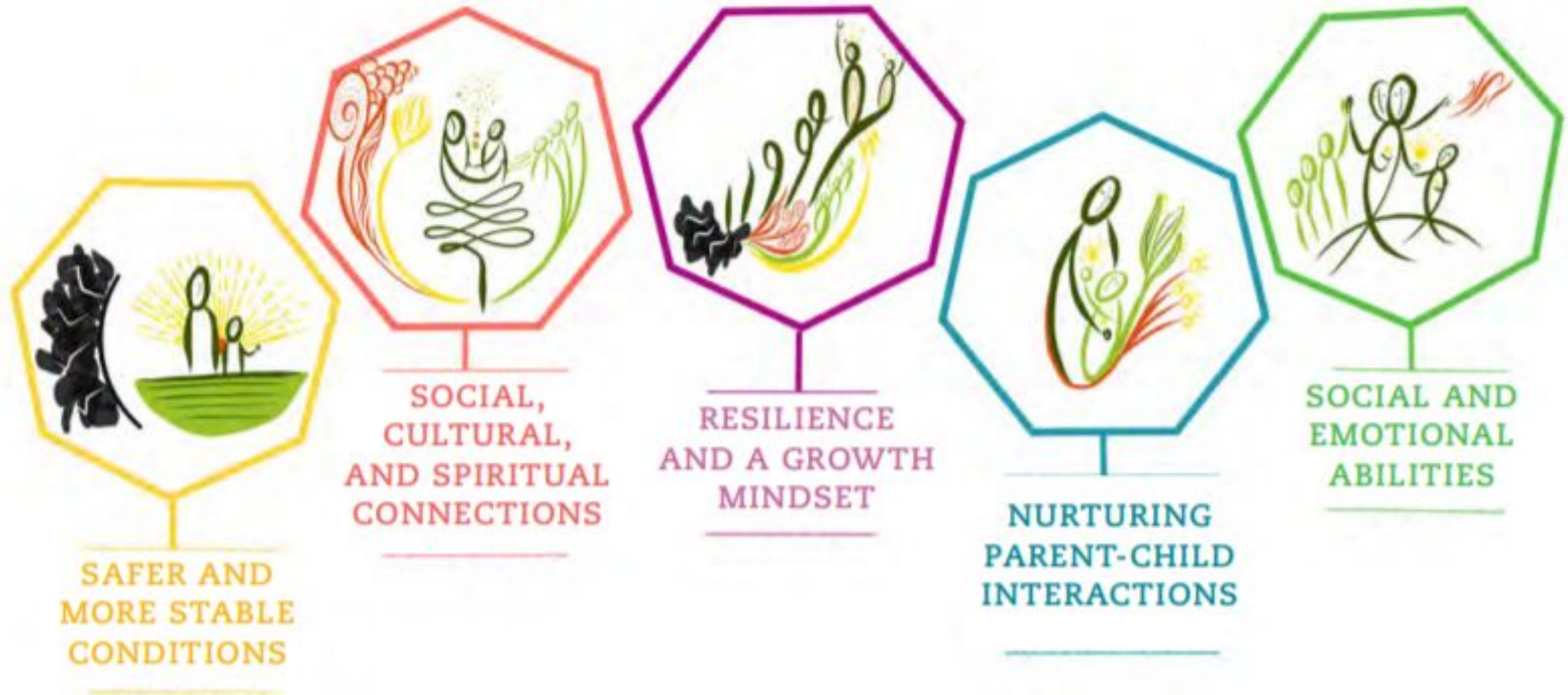
Tertiary prevention: address and reduce the long term consequences of violence.

Secondary prevention: intervene in order to reduce the escalation of violence and mitigate immediate consequences.

Primary prevention: prevent violence from ever happening.



THE FIVE INTERRELATED DV PROTECTIVE FACTORS



From: "Issue Brief: PROTECTIVE FACTORS FOR SURVIVORS OF DOMESTIC VIOLENCE", Futures Without Violence, Quality Improvement Center Domestic Violence in Child Welfare. <https://dvchildwelfare.org/wp-content/uploads/2019/03/FWV-QIC-Protective-Factors-Brief-Final-09-1.pdf>



How can the Medical-Legal Partnership approach address and prevent intimate partner violence and exploitation?



MLPs embed lawyers as members of the health care team, creating:

- Healthier patients
- A stronger health center workforce
- Improved health equity



MLP in Health Centers Toolkit, "[Bringing lawyers onto the health center care team to promote patient & community health](#),"



Where do legal services fit within a health center's response to SDOH?

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SOCIAL DETERMINANTS OF HEALTH

are broadly defined by the World Health Organization as the conditions in which people are born, grow, work, live, and age. These circumstances are shaped by economic and social policies, political systems, and social norms, and they contribute significantly to health disparities.

SOCIAL NEEDS

are the more immediate, individual needs that patients enter the health center with every day as a result of social determinants of health.

LEGAL NEEDS

are, simply put, the subset of social needs that have legal solutions. The distinction in this guide is made to help health centers understand where lawyers can be helpful*

FOR EXAMPLE

A food desert



A family's need for fresh produce today








A family's need to file an appeal after their SNAP benefits are incorrectly cut



How lawyers help address patients' social needs

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I-HELP™	How Lawyers Can Help
Income & Insurance	 <p>Food stamps, disability benefits, cash assistance, health insurance</p>
Housing & utilities	 <p>Eviction, housing conditions, housing vouchers, utility shut off</p>
Education & Employment	 <p>Accommodation for disease and disability in education and employment settings</p>
Legal status	 <p>Assistance with immigration status (e.g. asylum applications); Veteran discharge status upgrade; Criminal background expungement</p>
Personal & family stability	 <p>Domestic violence, guardianship, child support, advanced directives, estate planning</p>



Do you know your potential partners?

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**Legal Services
Providers**

DV Advocates

Health Centers

Unmute your mic or type in the comments box the types of partners in each category and/or how you'll find them in your community.



Assessing Social Needs

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1. Review data from existing screening tool(s)
2. Speak with staff & clinicians in each dept
3. Take stock of existing priorities & capacity
4. Examine EHR data to help identify / determine volume of potential priority patients
5. If necessary/feasible, do separate legal needs assessment

Which of the needs you identified have legal solutions?

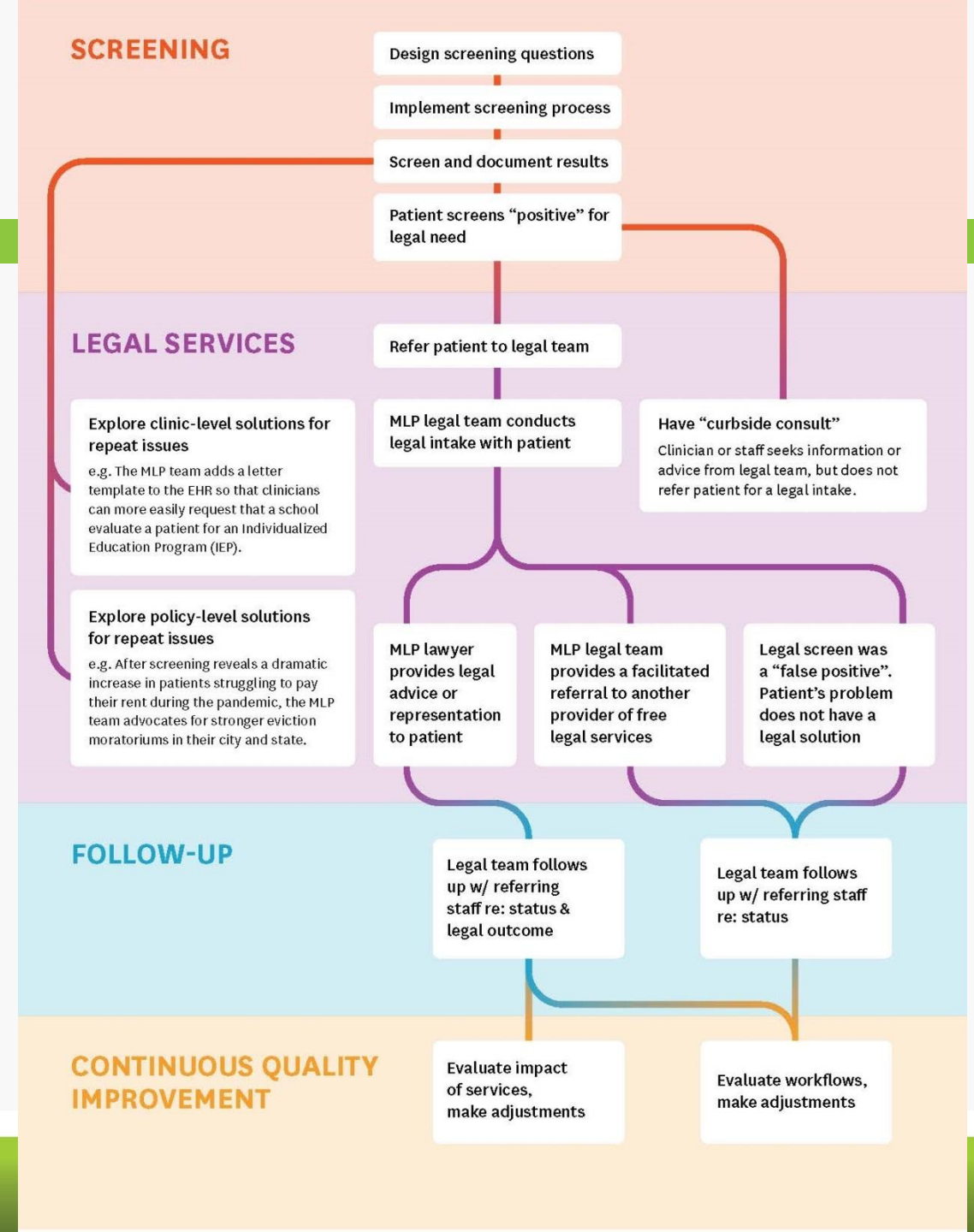


Screenings and Referrals

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The workflow:

- Why are we considering screening?
- What questions will we ask?
- How / when / where will patients be screened? Who will screen them?
- How will patients' answers be documented?
- Can we use existing data in the EHR to bypass the need for patient-to-patient screening or to screen only a subset of all patients?
- What are some tools that we can use for working with patients experiencing DV/IPV/HT



Universal Education

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Provides an opportunity for clients to make the connection between violence, health problems, and risk behaviors.



**** If you currently have IPV/HT screening as part of your health center requirements: we strongly recommend first doing universal education.***



Why might a survivor choose not to disclose IPV/HT when screened or asked by a health care provider?

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- Shame, judgment, stigma
- Fear, threats
- Fear of systems/police involvement
- Afraid children can be taken away
- Not knowing what is going to happen with the information
- Lack of awareness of victim status and rights
- Lack of knowledge of U.S. laws and contractual obligations (in cases of labor trafficking)
- Language access



CUES: An Evidence-based Intervention

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Confidentiality
Universal Education
Empowerment
Support



CUES: An Overview

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C: Confidentiality

See patient alone, disclose limits of confidentiality

UE: Universal Education + Empowerment

Normalize activity:

"I've started giving two of these cards to all of my patients—in case it's ever an issue for you because relationships can change and also for you to have the info so you can help a friend or family member if it's an issue for them."

Make the connection—open the card and do a quick review:

"It talks about healthy and safe relationships, ones that aren't and how they can affect your health....and situations where youth are made to do things they don't want to do and tips so you don't feel alone."

S: Support

"On the back of the card there are 24/7 text and hotlines that have folks who really understand complicated relationships. You can also talk to me about any health issues or questions you have."



S: What survivors say that they want providers to do and say

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- **Be nonjudgmental**
- **Listen**
- **Offer information and support**
- **Don't push for disclosure**

(Chang, 2005)



S: Positive Disclosure: One Line Scripts

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- “I’m glad you told me about this. I’m so sorry this is happening. No one deserves this.”
- “You’re not alone.”
- “Help is available.”
- “I’m concerned for your safety.”

• **Your recognition and validation of the situation are invaluable**



S: Providing a “Warm” Referral

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When you connect a patient to a local DV program it makes all the difference. *(Maybe it's not safe for them to use their own phone).*

“If you would like, I can put you on the phone right now with [name of local advocate], and they can help you make a plan to be safer.”



Setting/Population-specific Safety Card Tools

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Population and Setting Specific

- Adolescent Health
- American Indian/Alaska Native, and Hawaiian
- College Campus
- HIV+
- Lesbian, Gay, Bisexual, Questioning (LGBQ)
- Parents and Caregivers
- Pediatrics and Home Visitation
- Pregnant or parenting teens
- Primary Care
- Reproductive Health Settings
- Transgender/Gender Non-conforming
- Muslim Youth

By Language:

- Available in English and most in Spanish.
- Our Primary Care (General Health) safety card is available in the following languages: Armenian, Chuukese, Farsi, Hawaiian, Korean, Marshallese, Modern Standard Arabic, Simplified Chinese, Samoan, and Tagalog – store.futureswithoutviolence.org

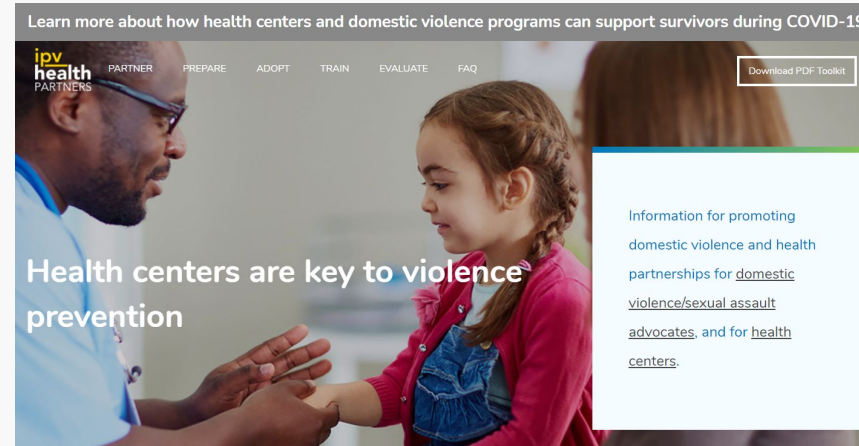


www.IPVHealthPartners.org online toolkit + CUES

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Guidance on:

- ✓ Enhancing patient privacy
- ✓ Disclosing limits of confidentiality
- ✓ Universal education scripts
- ✓ Reaching friends and family
- ✓ Disclosures + supportive messages
- ✓ Warm referrals to local DV programs
- ✓ Safely sharing resources
- ✓ Tech privacy tips



www.ipvhealthpartners.org

Developed by and for
community health centers in
partnership with domestic
violence programs

**+ New guidance on COVID-19
and telehealth support**

OCTOBER 2020

Bringing lawyers onto the health center care team to promote patient & community health

.....
A planning, implementation, and practice guide
for building and sustaining a health center-based
medical-legal partnership



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Conversations to Help Your Health Center Lay a Strong Foundation for a Medical-Legal Partnership

Available at: medical-legalpartnership.org/resources



Please open the link that's posted in the chat box
and complete the post-session evaluation.
We really appreciate your feedback.

Session 2:
Developing Partnerships Between Legal Services Programs and Health Centers
May 12, 2022, 10am PT / 11am MT / 12pm CT / 1pm ET

Questions? Please email Camila Sanchez Tejada: csanchez@futureswithoutviolence.org