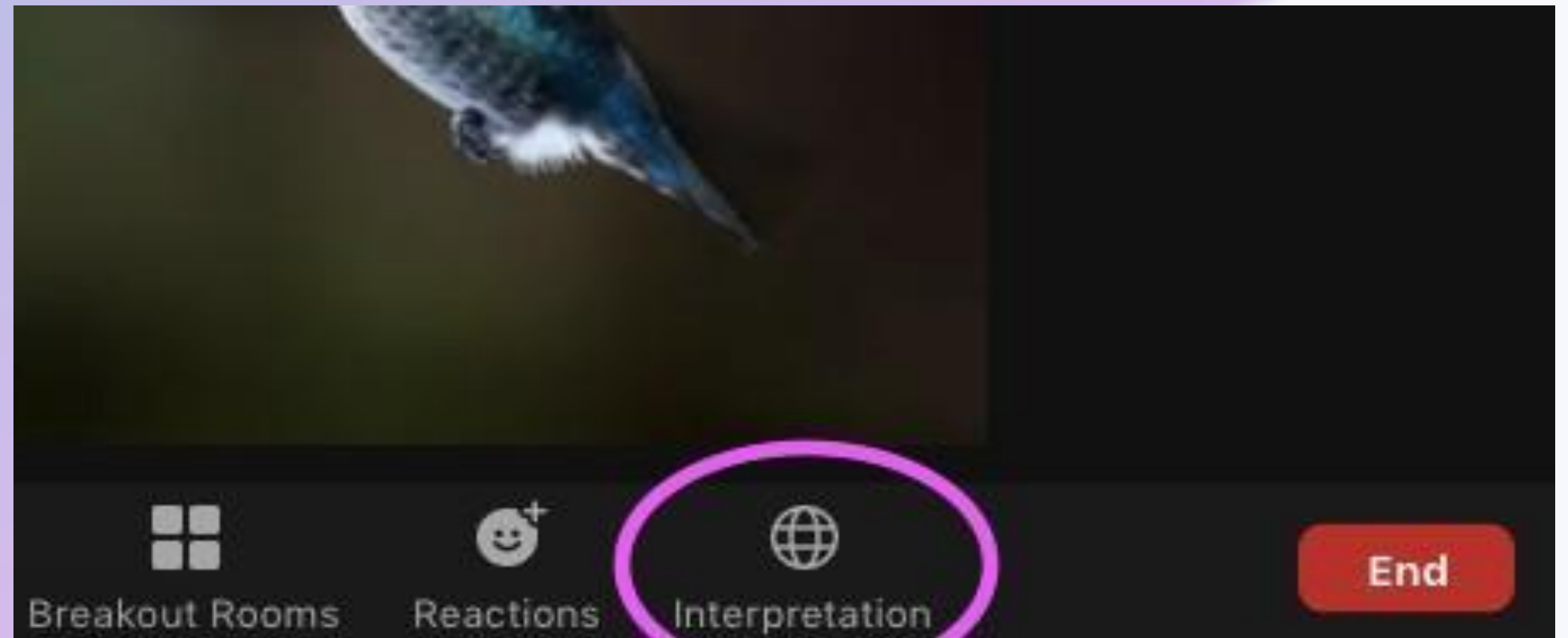
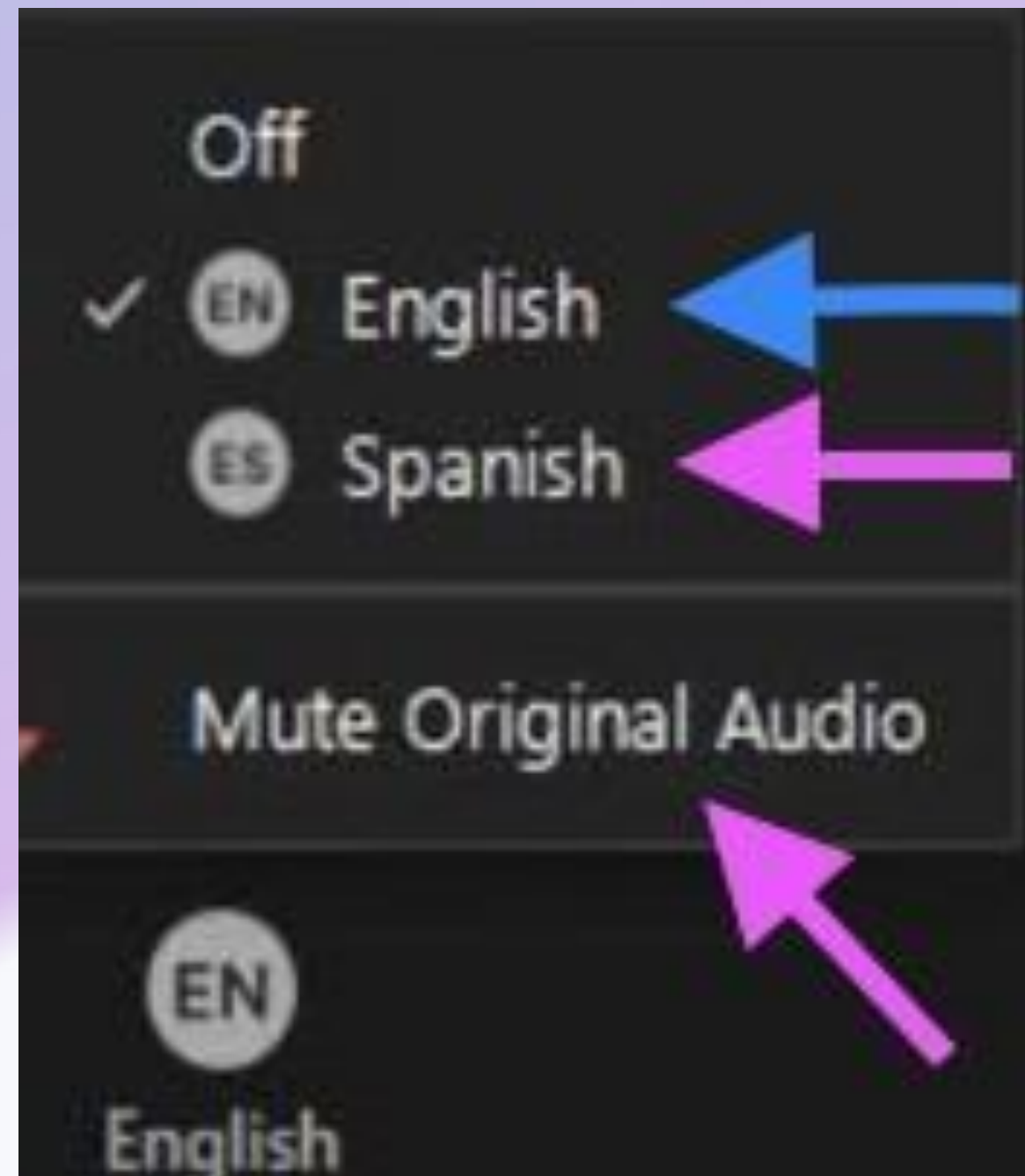


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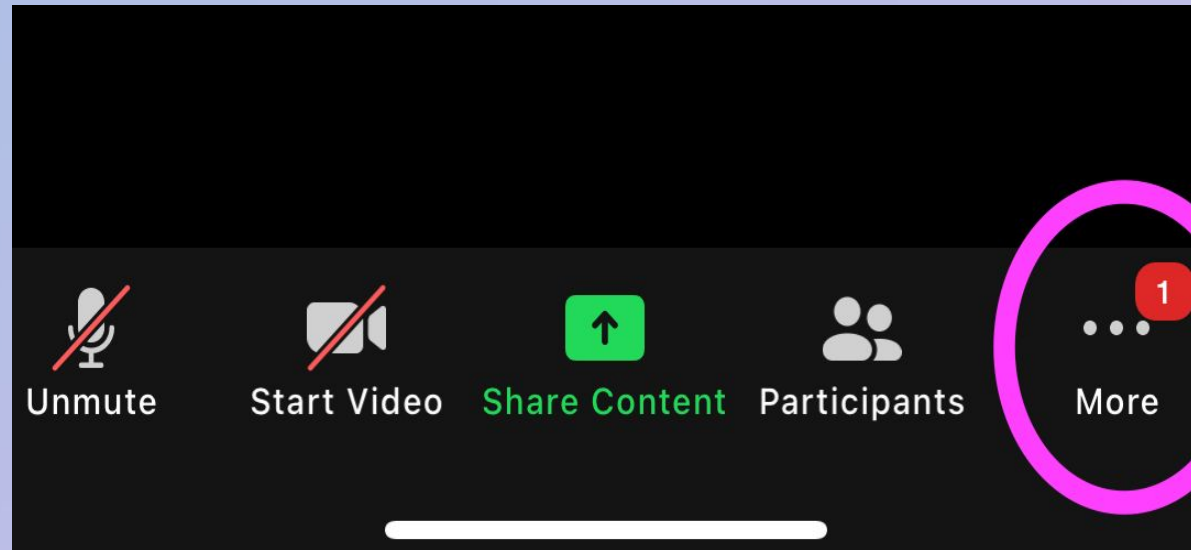


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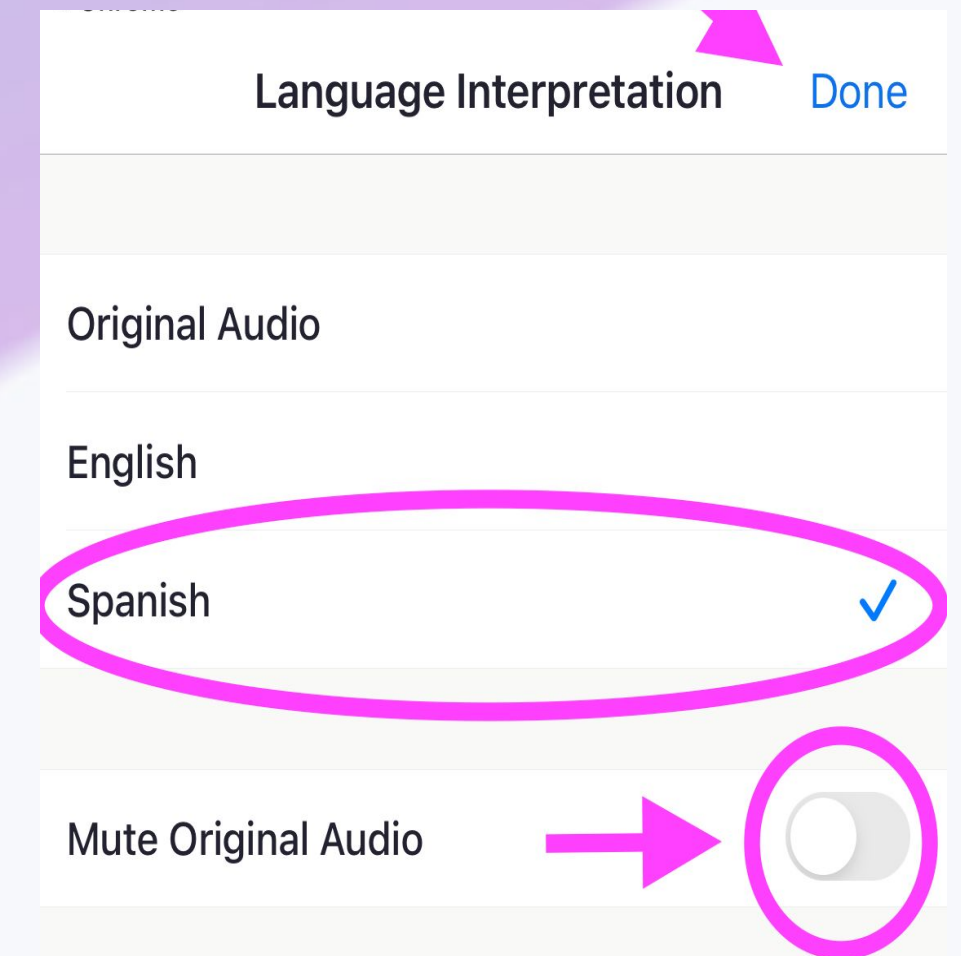
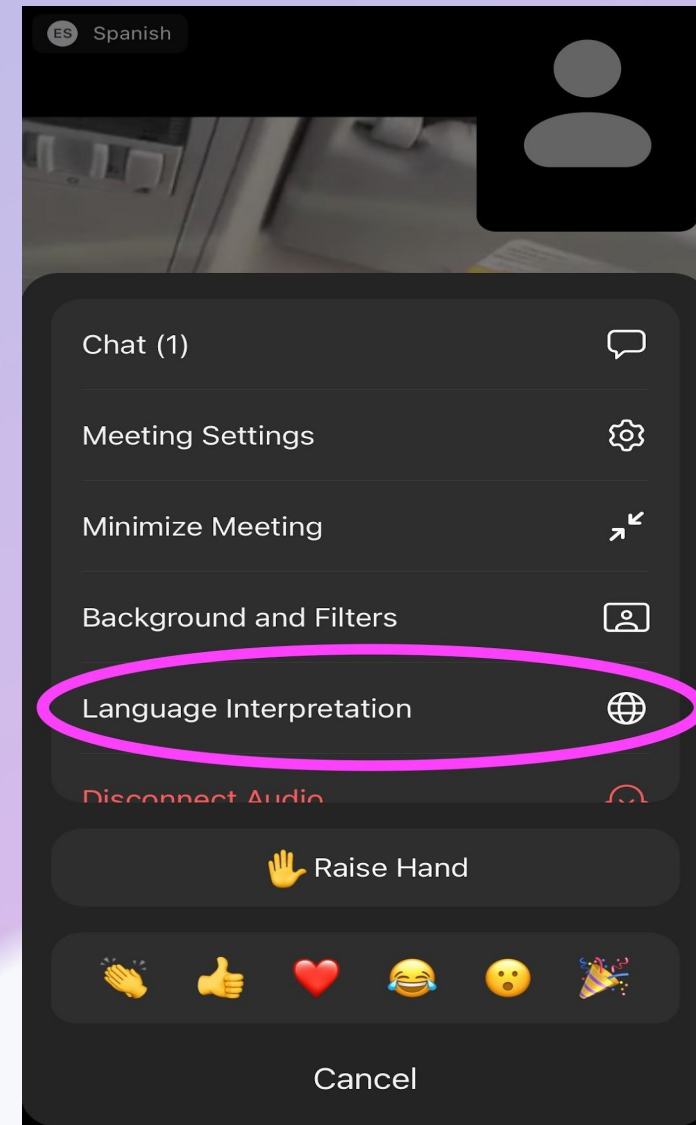
Choose English as your language. Make sure to NOT mute original audio so that you can hear the main room



Seleccione Español.  
Asegúrese de  
Silenciar Audio Original,  
si solo desea escuchar  
al intérprete



If you are on a smart device, look for the three dot menu and choose Language Interpretation. Then, select English.



Desde un dispositivo inteligente, busque el menú de tres puntos y elija Interpretación. Después, escoja “Español” y silencie el audio original.

# MLP IN ACTION

## WEBINAR SERIES

January 23, 2024



**Spanish and ASL interpretation  
will be provided**

HEALTH CENTER EMERGENCY  
PREPAREDNESS FOR SURVIVORS  
OF IPV + EXPLOITATION:  
**MULTIDISCIPLINARY  
COLLABORATIONS  
TO ADDRESS  
LEGAL NEEDS**





# Moderators



**Anna Marjavi**  
(she/her)  
Director,  
Health Partners on IPV+E  
Futures Without Violence



**Bethany Hamilton, JD**  
(she/her)  
Co-Director,  
National Center for  
Medical-Legal Partnership



**Jacky Baños, MPH**  
(she/her)  
Senior Research Associate,  
National Center for Medical-Legal  
Partnership  
*Moderating Q&A*

# Featured Presenters



**Kimberly Randell, MD, Msc,**  
(she/her)  
Professor of Pediatrics,  
Children's Mercy Kansas City  
UMKC School of Medicine



**Julie Rattray**  
(she/her)  
Senior Attorney  
Medical Legal Community Partnerships,  
Neighborhood Legal Services of Los Angeles County



# Learning Objectives

1

Help health centers define the health-related social needs and impact of natural disasters and public health emergencies on survivors of intimate partner violence and human trafficking (IPV/HT).

2

Establish partnerships between HCs and community based organizations to respond to natural disasters and other public health emergencies.

3

Connection to resources for identifying, screening, and assessing patients facing these issues.



# HEALTH CENTERS ARE KEY TO VIOLENCE PREVENTION

## Health Partners on IPV + Exploitation

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.

Learn more:

[www.healthpartnersipve.org](http://www.healthpartnersipve.org)





# What is Intimate Partner Violence (IPV)?

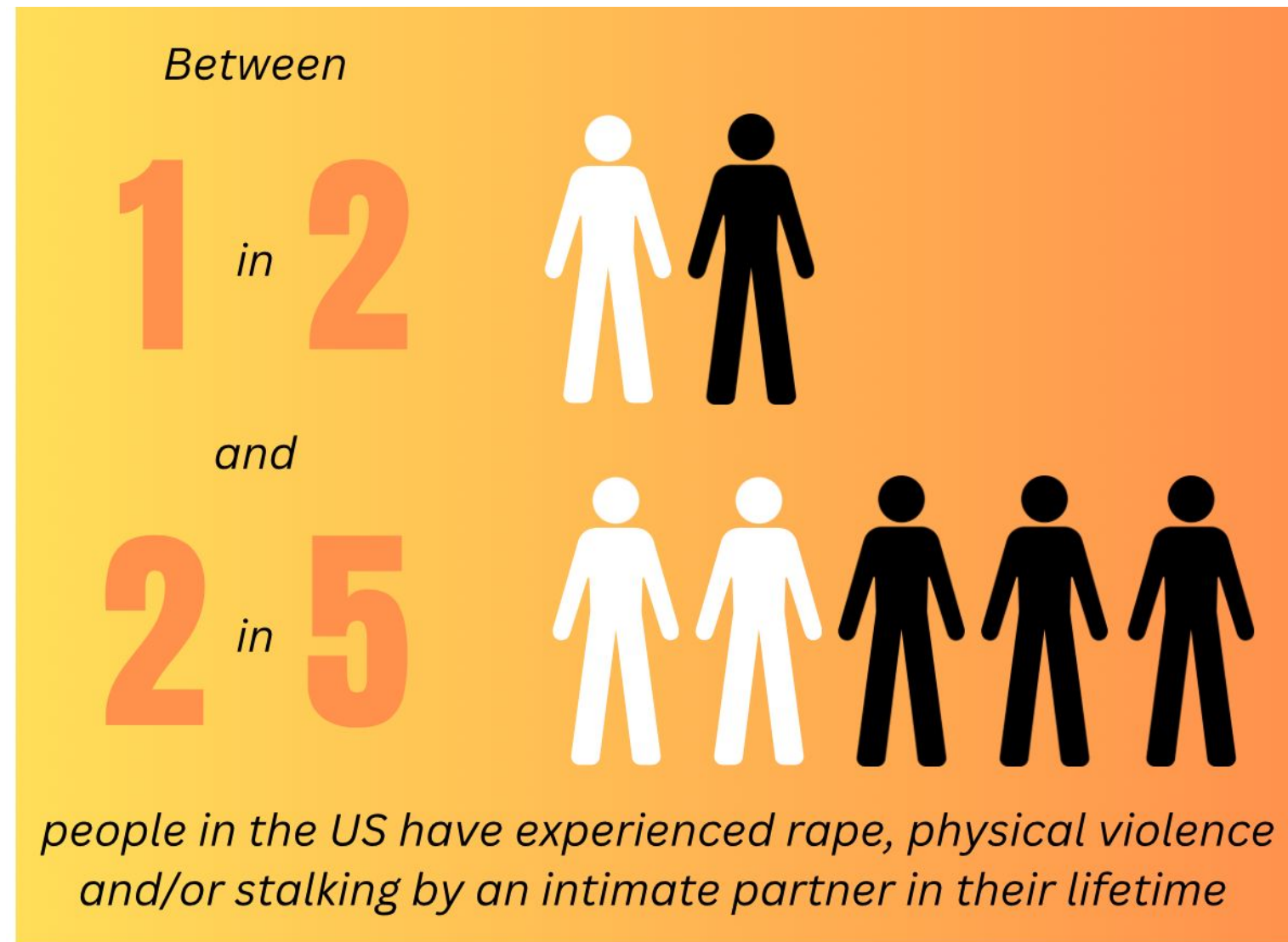
A person(s) in a relationship is using a **pattern** of methods and tactics to gain and maintain **power and control** over the other person.

- It is often a cycle that gets worse over time – not a one-time ‘incident’
- Abusers use jealousy, social status, mental health, money, and other tactics to be controlling and abusive – not just physical violence
- Leaving an abusive relationship is not always the best, safest, or most realistic option for survivors

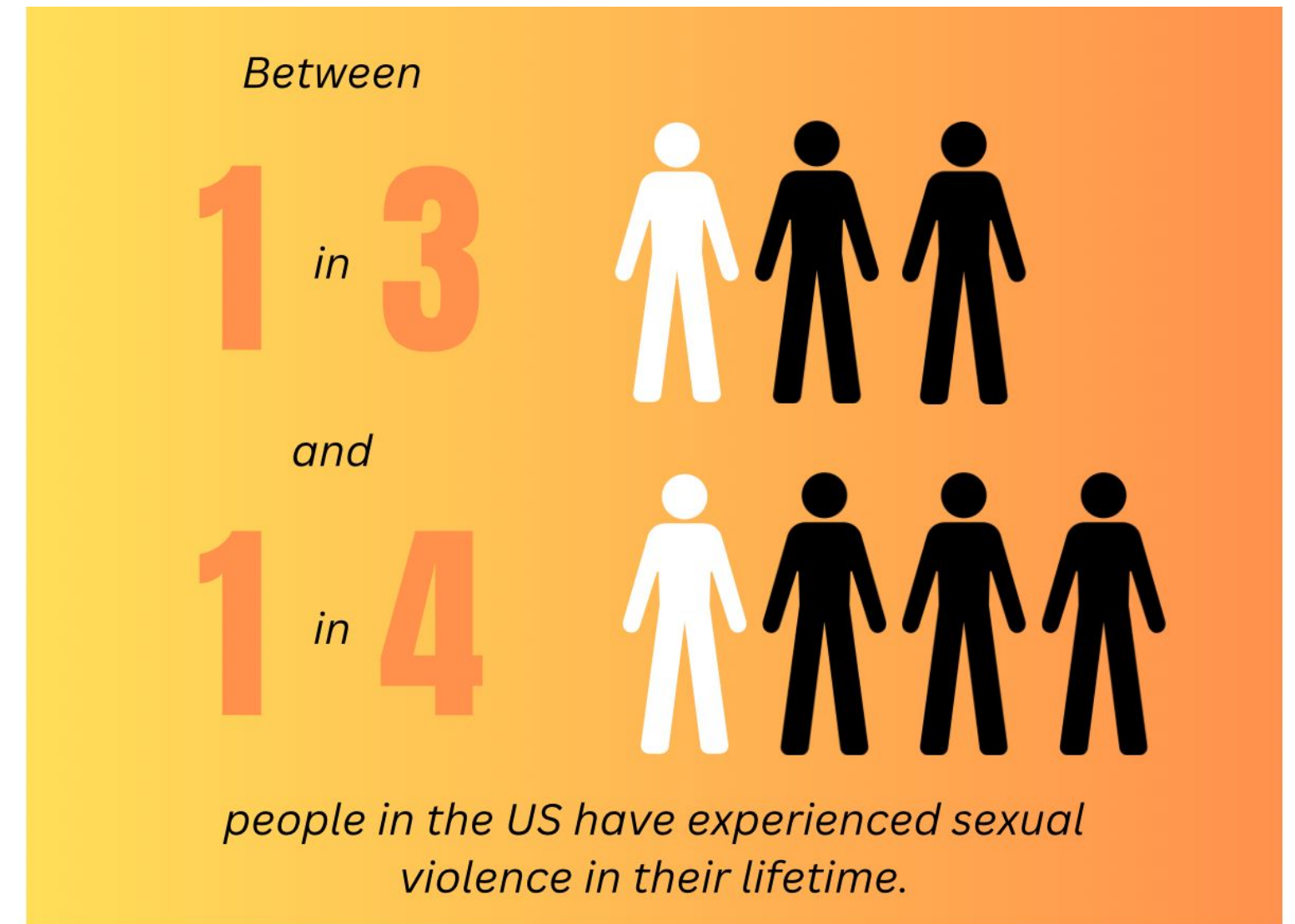


# Prevalence

## Intimate Partner Violence



## Sexual Violence



Because of intersecting forms of sexism, racism, trans/homophobia and other forms of oppression, marginalized and/or historically exploited peoples experience higher rates.

The National Intimate Partner and Sexual Violence Survey 2016/2017 Report on Intimate Partner Violence

<https://www.cdc.gov/violenceprevention/datasources/nisvs/index.htm>

!



## **Intersections of Domestic Violence and Primary Healthcare**

Post-interaction surveys commenced on March 29, 2021. More than 3,400 surveys were administered. For the period June 23 - August 1, 2021, 242 of The Hotline's anonymous users voluntarily participated in the focus survey.

**53%**

reported that a partner who chooses to abuse has also controlled and/or restricted healthcare access

**46%**

of those respondents indicated the frequency or intensity of abuse increased during COVID-19

**42%**

agreed their healthcare provider spends time or talks with them without their partner present



# The Medical-Legal Partnership Approach

# What is the Medical-Legal Partnership (MLP) Approach?

**Medical-Legal Partnership (MLP)** is an intervention where legal and health care professionals collaborate to help patients resolve **social, economic, and environmental factors** that contribute to **health disparities** and have a **remedy in civil law**.

The MLP approach is a **flexible, evidence-based, public health, and social justice intervention** designed to meet the needs of the community.

## Legal Assistance

to address patients' social needs & help the health center workforce operate at "top of license"

## Training

to build knowledge, capacity & skills that strengthen the health center workforce's response to SDOH

## Clinic-Level Changes

that leverage legal expertise to shape clinical practices to address many patients' needs at once

## Policy Change Strategies

that advance healthy regulatory, administrative, & legislative policy solutions for whole communities

# How Legal Services Help Health Care Address the Social Determinants of Health (I-HELP™)

Common SDOH	How Legal Services Can Help	Impact of Legal Services on Health / Health Care
<p><b>INCOME &amp; INSURANCE</b> Resources to meet daily basic needs</p>	<ul style="list-style-type: none"> <li>• Appeal denials of food stamps, health insurance, cash benefits, and disability benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing someone’s income means s/he makes fewer trade-offs between affording food and health care, including medications.</li> <li>• Being able to afford enough healthy food helps people manage chronic diseases and helps children grow and develop.</li> </ul>
<p><b>HOUSING &amp; UTILITIES</b> A healthy physical environment</p>	<ul style="list-style-type: none"> <li>• Secure housing subsidies</li> <li>• Improve substandard conditions</li> <li>• Prevent evictions</li> <li>• Protect against utility shut-off</li> </ul>	<ul style="list-style-type: none"> <li>• A stable, decent, affordable home helps a person avoid costly emergency room visits related to homelessness.</li> <li>• Consistent housing, heat and electricity helps people follow their medical treatment plans.</li> </ul>
<p><b>EDUCATION &amp; EMPLOYMENT</b> Quality educational and job opportunities</p>	<ul style="list-style-type: none"> <li>• Secure specialized education services</li> <li>• Prevent and remedy employment discrimination</li> <li>• Enforce workplace rights</li> </ul>	<ul style="list-style-type: none"> <li>• A quality education is the single greatest predictor of a person’s adult health.</li> <li>• Consistent employment helps provide money for food and safe housing, which also helps avoid costly emergency health care services.</li> <li>• Access to health insurance is often linked to employment.</li> </ul>
<p><b>LEGAL STATUS</b> Access to jobs</p>	<ul style="list-style-type: none"> <li>• Resolve veteran discharge status</li> <li>• Clear criminal/credit histories</li> <li>• Assist with asylum applications</li> </ul>	<ul style="list-style-type: none"> <li>• Clearing a person’s criminal history or helping a veteran change their discharge status helps make consistent employment and access to public benefits possible.</li> <li>• Consistent employment provides money for food and safe housing, which helps people avoid costly emergency health care services.</li> </ul>
<p><b>PERSONAL &amp; FAMILY STABILITY</b> Safe homes and social support</p>	<ul style="list-style-type: none"> <li>• Secure restraining orders for domestic violence</li> <li>• Secure adoption, custody and guardianship for children</li> </ul>	<ul style="list-style-type: none"> <li>• Less violence at home means less need for costly emergency health care services.</li> <li>• Stable family relationships significantly reduce stress and allow for better decision-making, including decisions related to health care.</li> </ul>



# Health Center-Based Medical-Legal Partnerships

Health Center Program began with Section 330 of the Public Health Services Act of 1965, and is administered by HRSA.

There are approximately **1,400 health centers** across the US operating at over **15,000 sites**.

In 2022, health centers served over **31.5 million patients** including:

- 1 in 3 uninsured people
- 1 in 3 people living in poverty
- 1 in 7 rural residents

Health centers provide community-based, patient-directed, comprehensive, and high-quality primary care and preventive services.

Health centers also provide enabling services that facilitate access to care. Since 2014, enabling services have include “civil legal aid services” as an example of eligibility assistance and additional enabling/supportive services.

Approximately **150-200 health centers operate MLPs** to embed lawyers in the health center’s health care team to help treat patients’ immediate social needs and deploy upstream strategies to address the social determinants of health.



NCMLP Report:  
[Environmental Scan of Medical-Legal Partnerships in Health Centers](#)



# Healing-Centered Resource Connection for Intimate Partner Violence Survivors



**Kimberly Randell, MD, Msc,**  
(she/her)  
Professor of Pediatrics,  
Children's Mercy Kansas City  
UMKC School of Medicine

# COVID-19 & IPV

- Evidence suggests increased IPV during the pandemic
- Syndemic impact of intersectional inequities
- COVID-19 is used for coercive control
- Pandemic mitigation measures decreased resource availability, increased isolation
- Challenges & opportunities of virtual service provision
- Opportunities created by leveraging individual & community strengths
- Balance safety & trauma-informed approaches

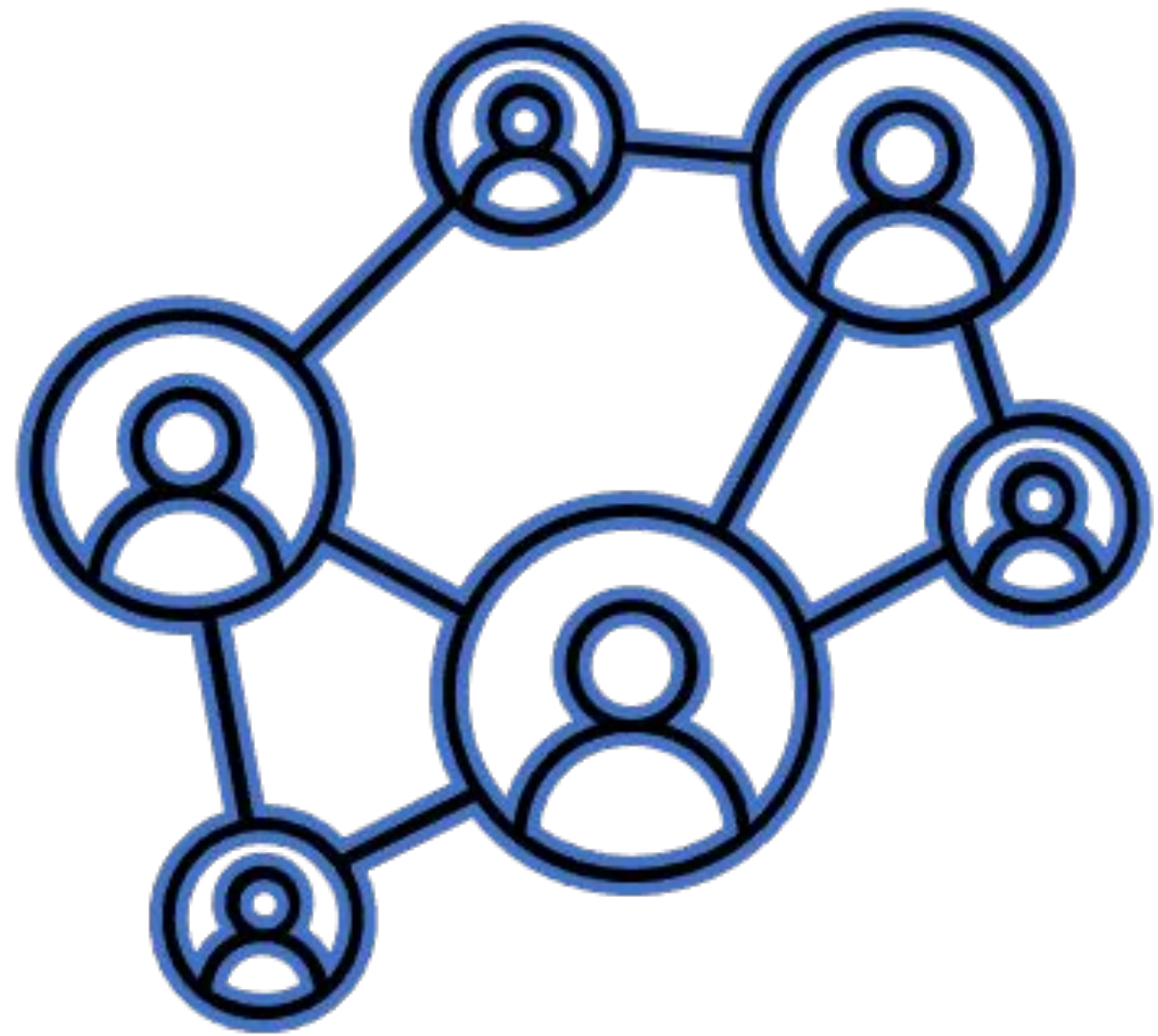




*“A lot of times the abuser will use quarantine against you and say, ‘You are not allowed to see any of those people. It’s unsafe.’”*

*“[The IPV survivor’s] stimulus check, the money for their kids, was put right into their joint bank account that she has zero access to. She’s still been trying to get her share of the money back.”*

*“The survivors I’ve worked with have experienced a distancing from their families due to being part of the LGBTQ community. [COVID-19] can either exacerbate isolation that they’ve already been experiencing, or . . . be a re-traumatizing experience where the impacts of COVID have been reminding them of the impacts of abuse that they’ve experienced.”*



**Healthcare  
centers  
have unique  
opportunities  
to support IPV  
survivors**



**How can healthcare teams  
support & empower IPV survivors?**



What is our goal?

Do we need to identify IPV to support survivors?

What does successful intervention & support look like?

# Limitations of screening

- Generally low rates of disclosure
- Resource provision limited to those who disclose
- Less survivor-centered

# Healing-Centered Engagement

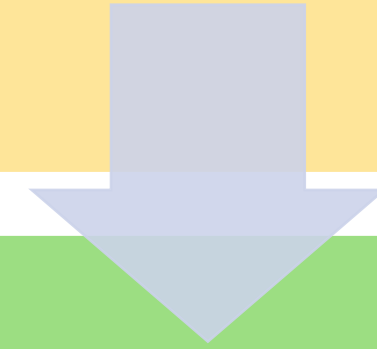
- Holistic, strengths-based approach
- Trauma *and resilience* are universal
- Trauma and healing are *experienced collectively*
  - Healing occurs *within relationships*
  - Spirituality
  - Culture
  - Civic action
- Considers providers' healing



**What is wrong with you?**



**What has happened to you?**



**What is right with you?**

**Where do you want to go & how may I help you get there?**

# CUES: Healing-centered IPV intervention



- Confidentiality
- Universal education & Empowerment
- Support
  
- Provides affirmation & universal education to all families
- Empowers caregivers to
  - Identify healthy/unhealthy relationship behaviors
  - Identify impacts of IPV on kids
  - Access resources for self
  - Serve as resource for friends & family
- Creates a safe environment for disclosure

# Essence of Cues

Considers structural inequities

Strength based

Focus on Altruism

Improves Access to Advocacy

Empowers patient and the people they care about

Shares power between clinician and patient



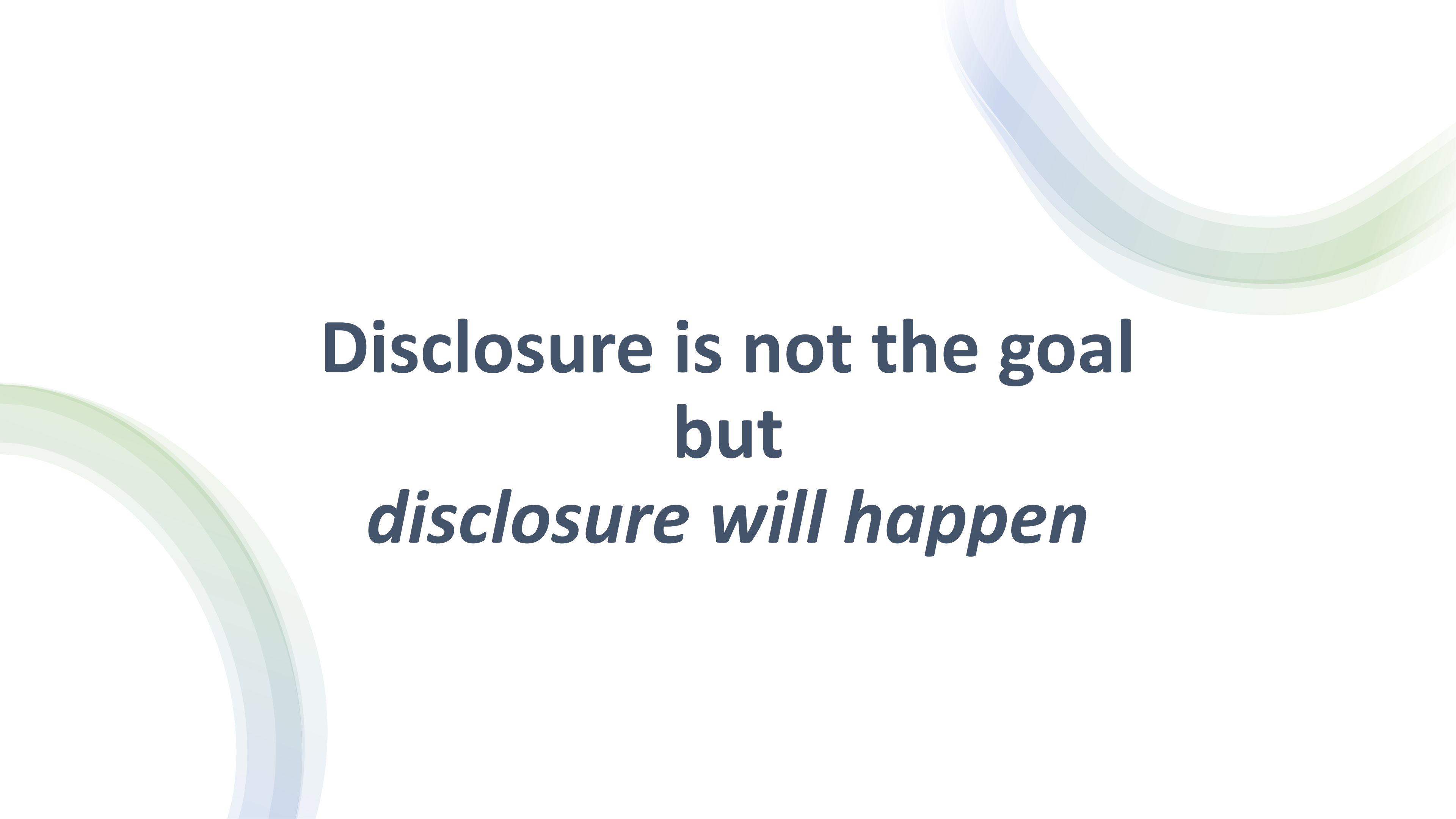
# CUES script

*“Because people are more stressed than ever, I’ve started sharing ideas about helping yourself & people you care about. Some of the stresses patients tell me about are not having enough food to eat, not having a stable place to live or getting behind on the rent, not having childcare, feeling lonely or sad, or experiencing stress or in a relationship. I want to you to know that we’re here for you. As part of the visit summary, we give a resource sheet to all patients with information about resources like fresh food, help with utilities, numbers to call if you are stressed, lonely, or experiencing violence, and childcare resources. These are resources you can use for yourself if you ever need them or share with friends and family to help them feel more connected.”*

# CUES script

*“One of the things on the resource list we talk to everyone about is how more stress in our relationships may come with fighting or harm, and that can affect our health. There is free, confidential help available if you know someone who is being hurt in their relationship.*”

*“I want you to know that you don’t have to share these parts of your story with me, if you’re experiencing these things, to access resources. But, if you ever want to talk about these or other stressors, we’re here for you. These things can be challenging to navigate and we want to support you.”*

The background features two large, overlapping, curved lines. One is a light blue line that curves from the top right towards the bottom left. The other is a light green line that curves from the bottom left towards the top right. They intersect in the center of the page.

**Disclosure is not the goal  
but  
*disclosure will happen***



# Support After Disclosure



**VALIDATION**



**WARM HAND-OFF TO  
RESOURCES**



**CONSIDER A  
FOLLOW-UP  
APPOINTMENT**

# Thank you for telling me

You're not  
alone.

*Thank you for  
trusting me with  
your story.*

*This is  
really hard.*



I'm here for  
you!

It takes a lot  
of courage to  
talk about this.

No one deserves  
to be treated this

way.  
*It's not your  
fault.*

# *Warm hand-off* to resources

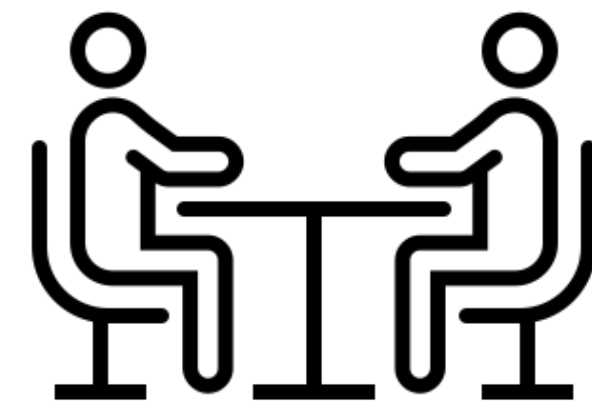
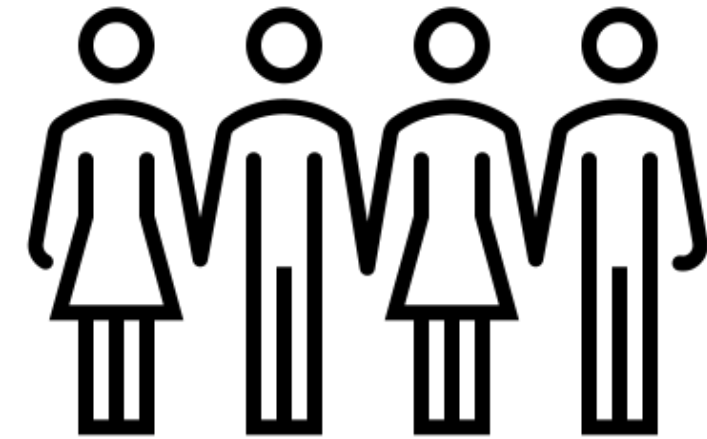
- *“We work with closely with ----. They’ve helped a lot of our patients in situations like yours. I’d like to connect you with them. They can let you know about options and explore what might be helpful for you.”*





# Developing partnerships

- Know your local resources
- Consider an MOU
- Co-locate IPV advocates, medical-legal partnerships
- Regular meetings
- Collaborative development for policy and practices
- Opportunities for co-learning





Neighborhood Legal Services  
of Los Angeles County

# The Double Burden of Disaster: Civil Legal Issues for Low-Income Domestic Violence Survivors During Crises



**Julie Rattray**  
(she/her)  
Senior Attorney  
Medical Legal Community  
Partnerships, Neighborhood  
Legal Services of Los Angeles  
County

# Neighborhood Legal Services of Los Angeles County

- Non-profit law firm that provides free legal services to people who live in Los Angeles County and have low income
- NLSLA helps with legal problems including:
  - Housing
  - Healthcare Access
  - Worker's Rights
  - Domestic Violence/Family
  - Disaster
  - Public Benefits
  - Clean Slate
  - Immigration
  - Education



# Agenda

- Common Legal Issues After a Disaster
- Assessing Legal Issues
- Trauma Informed Lawyering
- Preparing for Disaster



# Common Legal Issues After a Disaster

# Question for the Audience

What type of safety issues do you think domestic violence survivors experience after a disaster?

*Please add your answers in the chat.*

# Immediate Needs after Disaster



- ✓ Shelter, food, clothing
- ✓ Medical supplies
- ✓ Reunification services
- ✓ Local Assistance Centers

**Individuals who are undocumented can get emergency help.**



# Safety Issues Begin

- **Escalation of Violence:** Disasters can lead to an increase in intimate partner violence.
- **Shelter Safety:** Shelters may struggle to provide safe separation between victims and abusers.
- **Economic Hardship:** Victims often face a lack of financial resources after a disaster.
- **Social Isolation:** Disasters can cut off victims from their support networks.
- **Transportation Barriers:** Damaged vehicles/ infrastructure can limit mobility and access to help.
- **Legal Hurdles:** Court closures may impede the ability to obtain or enforce protective orders.
- **Access to Aid:** Victims may have difficulty reaching or safely accessing Disaster Recovery Centers for assistance.
- **Communication Disruption:** Inability to receive mail or documents at a safe address.
- **Childcare Issues:** Challenges in maintaining custody or proximity to children.
- **Compounded Trauma:** Trauma from disaster can exacerbate psychological impact of abuse.

# Trafficking May Increase After Disaster

- Trafficker compels a victim by force, fraud, or coercion to perform labor, services, or commercial sex.
- **People are more vulnerable after disaster if they are displaced, isolated from connections and supports, speak a language other than English, and/or are unable to safely earn income.**
- Watch for situations where client is:
  - Assaulted or threatened with harm
  - Reports they were told false things about their work or living conditions
  - Not paid/reference working off a debt
  - Isolated
  - Told they will receive protection
  - Manipulated and/or shamed
- More information is available at:  
[http://www.cdc.gov/disasters/human\\_trafficking\\_info\\_for\\_shelters.html](http://www.cdc.gov/disasters/human_trafficking_info_for_shelters.html)

# Common Legal Issues After a Disaster

# WHAT ARE THE LEGAL NEEDS FOLLOWING A DISASTER?



## Housing

- Lease Terminations & Evictions
- Utility Shutoffs
- Security Deposits
- Repair Issues
- FEMA Applications
- Insurance Claims

## Document Replacement

- Birth Certificates
- Driver's Licenses
- Social Security Cards
- Deeds

## Income Protection

- Wage Theft Issues
- Unemployment Applications/Appeals
- Public Benefits Applications/Appeals
- SBA Disaster Loan Applications

SHORT TERM



## Housing & Consumer

- FEMA/SBA Appeals
- Landlord-Tenant Issues
- FEMA/HUD Rent Subsidy Renewals
- Displaced Public Housing Tenant Issues
- Foreclosure Prevention
- Real Property Title Clearing & Probate
- Section 8 Portability
- Mobile Home Questions
- Repair & Contractor Scams
- Insurance Scams & Claim Disputes
- Price Gouging

## Family & Education

- Access to Public Education While Displaced
- Powers of Attorney (for care of a child or senior)
- Guardianships & Supportive Decision Making
- Emergency Custody Modifications
- Parenting Order Modifications (new home/school locations)
- Domestic Violence Issues (including protective orders)

MEDIUM TERM



## Housing

- Foreclosures
- Landlord-Tenant Issues
- Flood Insurance Disputes
- FEMA Recoupments
- Other Housing Disputes

## Consumer

- Disaster Tax Relief Applications
- Bankruptcies

## General Civil

- Civil & Disability Rights Cases
- Legal Counsel for Community Organizations

LONG TERM

Texas Access to Justice Coalition (2018)



# Overview of FEMA

- FEMA Individual Assistance – Must have a Disaster Declaration
  - Housing Assistance
  - Other Needs Assistance
    - Vehicle replacement
    - Child care
    - Moving & storage
    - Medical & dental
    - Personal property
    - Funeral
    - Miscellaneous
  - Disaster Unemployment
  - Case Management
  - Crisis Counseling

# Structural Challenges to Accessing FEMA Benefits

- Difficult to prioritize and navigate when survivors are trying to address basic needs and may have lost their documents, may not have utilities, etc.
- Trauma
- Racial disparities in FEMA benefits
  - <https://www.scientificamerican.com/article/advisers-rebuke-fema-for-racial-disparities-in-disaster-aid/>
  - <https://grist.org/article/npr-investigation-finds-fema-aid-favors-the-rich-and-white/>
  - <https://www.nytimes.com/2021/06/07/climate/FEMA-race-climate.html?referringSource=articleShare>

# Survivors of Violence and Common Disaster Legal Issues

- Document Replacement
- FEMA and SBA applications/denials
- Benefit applications/denials
- Restraining Orders
- Custody Orders
- Education related issues
- Landlord Tenant Issues

# Assessing Legal Issues



# Assessing Legal Issues - Intake

- Starts with intake
  - Income – reduction in benefits, types of benefits received
  - Disability – reasonable accommodation
  - Domestic Violence

# Targeted Questionnaire

- May develop checklist with common legal issues including, but not limited to: housing, domestic violence, benefits, unemployment/unpaid wages, price gouging, document replacement
  - Many disaster survivors may not know these are legal issues
  - Develop a FEMA Legal Issues Checklist
- Important to honor clients' priorities in addressing legal need, particularly since non-legal issues may be their priority.

# Trauma Informed Lawyering

# Trauma Informed Lawyering

Keep in mind 4 principles

- Predictability
- Transparency
- Respect
- Choice



# Trauma Informed Work in Practice

- Ensure the client understands the program and confidentiality
  - Find a confidential space
- Build rapport while obtaining relevant information
- Manage expectations
- Check-in and offer breaks
- Offer water, seat of their choosing
- Find out the client's objective and priorities

# Preparing for Disaster

# Preparation: Your Clients

1. Make a Plan/“Go Bag”
  - Include contact list
2. Keep important documents in a safe place
3. Title in the name of the owner of property
4. Take pictures and make an inventory of items
5. Adequate Insurance

# Preparation: Build Networks

- Connect with your local Voluntary Organizations After Disaster (VOAD) before the disaster
- Connect with partners – domestic violence agencies, legal aid, medical providers, nonprofits before the disaster
- After disaster join the local Long-Term Recovery Group and go to locations where disaster survivors are gathering



# Preparation: Materials and Resources

- Create know your rights flyers
- Create lists of resources or know where to find them
  - <https://www.nsvrc.org/resource/resources-survivors-violence-disasters-and-other-traumatic-experiences>
- Create trainings for staff and volunteers
  - Include training on working with trauma survivors and addressing domestic violence issues in your materials
- Legal Aid Disaster Resource Center: <https://www.ladrc.org/>

**Questions or Comments?**





# Resources

- Healing Centered Approaches to Screen and Intervene for Social Determinants of Health Including Intimate Partner Violence (A Paper)
- Increasing Health Care Enrollment for Survivors of Domestic Violence
- Quality Assessment / Quality Improvement Tool
- Increasing Capacity to Address Health, Justice, & Equity Through Partnerships

Find Resources here:  
<https://healthpartnersipve.org/general-resources/>



## 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

SEPTEMBER 2022

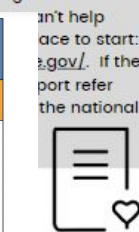
HEALTH PARTNERS ON IPV + EXPLOITATION

## Healthcare.gov Enrollment for Survivors of Domestic Violence

People who have experienced intimate partner violence (IPV) have unique health care needs. Making insurance that covers comprehensive medical and behavioral health benefits all the more critical. Community health centers play an important role in helping survivors enroll in coverage and receive quality primary health and oral health care services. A special enrollment period for survivors makes enrollment possible across the year with additional provisions to make coverage more affordable for survivors. When health centers partner with community-based programs that serve survivors – we reach more survivors and improve their health and safety.

Community based domestic and sexual violence programs and health centers also share goals to advance health equity and health outcomes in medically underserved communities and with current American Rescue Plan (ARP) COVID-19 funding, have a unique opportunity to work together to reach more clients. Last year the Family Violence Prevention and Services Program (ACF, US DHHS) – the agency that funds domestic violence and sexual violence programs nationally – received a historic investment of \$550 million to assist states, territories, and tribes to provide access to COVID-19 testing, vaccines, and mobile health units and specifically for domestic violence programs. Similarly, \$1 billion in ARP funding reached nearly 1,300 HRSA Health Centers across the US and territories to expand health centers, to build new sites and provide mobile health care, and to advance health equity and health outcomes in medically underserved communities, including through projects that support COVID-19 care. These parallel funding streams can be maximized to enroll more survivors of domestic violence and their families so they have long term health care coverage.

Encourage clients to call the toll-free call center (1-800-318-2596) or refer them to local assisters who are trained to help consumers through the



EXPLOITATION JUNE 2022

**Addressing Intimate Partner Violence, Human Trafficking, and Exploitation in Community Health Centers**

**Quality Assessment/Quality Improvement (QA/QI) Tool**

The following quality assessment/quality improvement (QA/QI) tool is intended to provide community health centers with guiding questions to assess quality of care related to promotion of healthy relationships and intervention related to intimate partner violence (IPV), human trafficking (HT), and exploitation (E) within their health care delivery. The information is to be used as a benchmark for each health center to engage in ongoing quality improvement efforts.

This tool was designed by [Health Partners on IPV + Exploitation](#), a project of Futures Without Violence, to increase the capacity of community health centers to prevent, educate about, and respond to IPV/HT/E. Health Partners on IPV + Exploitation provided training and technical assistance on implementing clinical interventions, establishing partnerships with community-based domestic violence programs, and enacting policy change to address and prevent IPV/HT/E within health centers. Please complete the tool as honestly and completely as you can. The following questions ask about recommended policies, protocols, and practices. For questions that you respond “no” to, it may be helpful to review the corresponding form, policy, and resources listed at end to guide implementation in your community health center.

It may be helpful to complete this tool every six months to track policy changes and implementation status of the recommended IPV/HT/E protocol. Please review our [health center IPV/HT/E protocol](#): <https://ipvhealthpartners.org/wp-content/uploads/2021/07/FUTURES-CHC-Protocol-June-30-2021-FINAL.pdf>

We hope that this tool will help provide guidance on how to enhance your community health center’s response to IPV and HT/exploitation. For more information on how to implement these practices see the online toolkit: [www.IPVHealthPartners.org](http://www.IPVHealthPartners.org).

\*\*\*

**About Health Partners on IPV + Exploitation**  
 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.  
 Email: [healthpartners@futureswithoutviolence.org](mailto:healthpartners@futureswithoutviolence.org)  
 Website: <https://healthpartnersipve.org/>

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## Healing Centered Approaches to Screen and Intervene for Social Determinants of Health Including Intimate Partner Violence

Health Partners on IPV + Exploitation, a project of Futures Without Violence, serves the nation’s network of 1,400 community health centers. We offer free training and resources 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 (IPV), human trafficking (HT), and exploitation. IPV, HT and exploitation are key social determinants of health and also significantly exacerbate other social determinants – contributing to homelessness, job and food insecurity, social connectedness and poor mental and behavioral health and as such, when health centers implement strategies to respond they can impact IPV/HT and its related health and social consequences. This paper describes evidence-based strategies for responding to IPV – and offers an approach for health care providers and decision makers that can also be applied to all efforts to address the social determinants of health.

### Introduction

Intimate Partner Violence (IPV) affects 1 in 4 women; 1 in 9 men; and for men, women, and non-binary people of trans experience, rates increase to 1 in 3.<sup>1,2</sup> While IPV occurs across racial, ethnic, gender, and socioeconomic groups, low-income populations (especially people living in overburdened, under-resourced communities) experience greater barriers to leaving violent relationships and may be more vulnerable to poor health outcomes related to IPV.<sup>3,4</sup>

### Health and Intimate Partner Violence

Experiencing IPV is linked to long-term negative effects on the survivor’s physical, reproductive, and behavioral health, and overall well-being. More than one in four women injured by an intimate partner require medical care for their injuries.<sup>4</sup> In addition to acute injuries, women and men disclosing IPV are more likely to sustain chronic health impacts of IPV (e.g. asthma, chronic pain, irritable bowel syndrome, headaches, poor sleep, and activity limitations). Female survivors are also more likely to experience sexually transmitted infections, unintended pregnancy, pregnancy complications, and genital/urinary problems.<sup>7</sup> Behavioral health conditions (e.g. depression, anxiety, post-traumatic stress disorder, suicidal ideation, and alcohol and drug use) are significantly more common among survivors of IPV than the general population.<sup>4</sup>

HEALTH PARTNERS ON IPV + EXPLOITATION

## TOP 5 Ways Health Centers Can Promote Health Care Access for Survivors of Domestic Violence

Healthcare access is critical for survivors of domestic violence (DV) but it may feel difficult or even impossible for them to access. Fortunately, health center enrollment specialists can help by partnering with their clinic staff and local DV programs to identify survivors who need assistance, understanding the specific provisions related to DV and by educating staff at the health center who may be experiencing DV too.

### 1. Get to know the special enrollment periods that are available to domestic violence survivors

Survivors of DV and their dependents may purchase health insurance at any point during the year by starting a new application with the Call Center and asking for a Special Enrollment Period. They must say that they are a “victim of domestic violence.” Review the [Healthcare.gov Enrollment for Survivors of Domestic Violence](#) guide memo to understand how you can help survivors enroll year-round.



### 2. Learn more about the financial supports for some survivors of domestic violence

Survivors of DV who are legally married but who do not live with their spouse and will file taxes separately, are not required to count the spouse’s income towards their household income. This means that these consumers are able to qualify for financial help based on their own salary—making health insurance much more affordable. You can help survivors understand if they are eligible for financial assistance to help pay for a [Healthcare.gov](#) plan based solely on their own income.



### 3. Get to know your local DV program

As enrollment specialists in health centers you can plan an important role building a bridge between health care providers and staff in your center and local DV programs.

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# Educational Brief

## Asian American, Native Hawaiian, and Pacific Islander Survivors of Intimate Partner Violence and Human Trafficking: Health Center Preparedness Before, During, and After Emergencies



<https://healthpartnersipve.org/resources/asian-american-native-hawaiian-and-pacific-islander-survivors-of-intimate-partner-violence-and-human-trafficking-health-center-preparedness-before-during-and-after-emergencies/>



**Educational Brief**

**Asian American, Native Hawaiian, and Pacific Islander Survivors of Intimate Partner Violence and Human Trafficking: Health Center Preparedness Before, During, and After Emergencies**

**Introduction**

Asian Americans (AA), Native Hawaiians, and Pacific Islanders (NH/PI) are the fastest growing racial and ethnic group<sup>1</sup> including over 50 ethnicities with over 100 languages spoken. Limited English Proficiency (LEP) restricts access to quality health care. Reasons for this disparity include insufficient insurance coverage, complicated systems to enroll in coverage, noncitizenship, lower incomes, and lower levels of education.<sup>2</sup>

**Intersection of AA and NH/PI with Intimate Partner Violence (IPV) and Human Trafficking (HT)**

**i** Intimate Partner Violence and human trafficking are prevalent within many AA and NH/PI communities. Up to half of all Asian women in the U.S. have experienced intimate partner physical and/or sexual violence in their lifetime.<sup>3,4</sup> World Health Organization data estimates that 60-80% of PI women and girls experience physical or sexual violence by a partner or other individual in their lifetimes.<sup>5</sup> The 2021 National Human Trafficking Hotline found that of the 2,227 survivors whose race/ethnicity was known, the second largest group was Asian at 24% (after Caucasian or White, at 30%).<sup>6</sup>

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2024

# Resources

- Health Center MLP Toolkit  
<https://medical-legalpartnership.org/mlp-resources/health-center-toolkit/>
- Access NCMLP's resources here!  
<https://medical-legalpartnership.org/resources/>

Scan to register!



Register here for our upcoming webinars:  
<https://medical-legalpartnership.org/learning-opportunities/>





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