

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

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ABOUT HEALTH PARTNERS ON IPV + EXPLOITATION

Health Partners on IPV + Exploitation, a project of Futures Without Violence, 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

Website: <https://healthpartnersipve.org/>

Visit www.IPVHealthPartners.org, an online toolkit on how to build partnerships between community health centers and domestic violence programs to support survivor health.

ABOUT THE NATIONAL CENTER FOR MEDICAL-LEGAL PARTNERSHIP

Early evidence and federal investments demonstrate the impact legal expertise and services can have on individual patients, and hint at the enormous potential for health care and legal professionals to join forces to promote population health. But making these collaborative services a normative part of today's health care system requires a significant cultural shift. That's where we come in. The National Center for Medical-Legal Partnership leads education, research, and technical assistance efforts to help every health organization in the United States leverage legal services as a standard part of the way they respond to social needs. Read more about a few of our recent initiatives.

Email: ncmlp@gwu.edu

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INTRODUCTION

Supporting the millions of survivors of domestic/intimate partner violence (IPV), human trafficking (HT), and exploitation (E) requires an intentional and immediate shift away from professional silos towards more collaborative multidisciplinary health, justice, and equity approaches.

Partnerships between health centers (HCs), domestic violence programs (DVPs) or agencies, and civil legal aid organizations will more effectively close access gaps by addressing survivors' health and social needs, eliminating risk factors through prevention programs, and improving overall outcomes for individuals and communities. This guide presents select tools and resources for the development of partnership amongst the following key providers and allies who serve patients and clients who are survivors or vulnerable to IPV/HT/E:

- **HEALTH CENTERS** | To promote collaboration with DVPs and civil legal aid organizations, and help establish medical-legal partnerships (MLPs)
- **DV PROGRAMS** | To promote collaboration with HCs/civil legal aid organizations
- **CIVIL LEGAL AID ORGANIZATIONS** | To promote collaboration with HCs/DVPs/established MLPs
- **ESTABLISHED MEDICAL-LEGAL PARTNERSHIPS** | To promote IPV/HT/E as issues they can address, intersectional with other I-HELP areas of work

According to CDC data from the National Intimate Partner and Sexual Violence Survey, nearly 1 in 4 women and 1 in 9 men¹ have experienced intimate partner violence (IPV) during their lifetime and reported some form of IPV-related impact. For non-binary people of trans experience, rates increase to 1 in 3.² In 2020 alone, the National Human Trafficking Hotline tracked over 10,500 cases of human trafficking and received over 13,500 calls from victims and survivors.³ In 2018, civil legal aid organizations funded by Legal Services Corporation (LSC) reported a total of 129,186 domestic violence cases.⁴ Regrettably, LSC's 2022 Justice Gap⁵ report provides evidence that the justice gap has only increased because of the pandemic.

IPV health harms may include reproductive coercion, sexually transmitted diseases (STIs), traumatic brain injuries and strangulation, substance use, depression, and post-traumatic stress disorder (PTSD). The incidence increased during COVID-19, with the National Domestic Violence Hotline receiving 9% more calls during March to May, 2020.⁶

HT/E has health impacts mirroring IPV. While national prevalence is obscured by the underground nature of HT/E and limitations of criminal justice data, research shows that victims do seek medical care from health care

HOW PARTNERSHIPS CAN HELP SURVIVORS

Patient "OT" was a refugee woman in her first pregnancy experiencing severe morning sickness. She worked at a restaurant. Due to her morning sickness, she was unable to work and got a doctor's note to submit to her employer. Upon receipt of the note, the employer fired her. After pushing back with the help of her doctor, and another note informing the restaurant that this was an unlawful termination, the employer threatened to fire all of OT's family and all the other refugee workers from her community. Her case was referred to a local medical-legal partnership who discovered that she and other workers in this restaurant were victims of a number of wage and labor violations. The MLP was able to help settle her case and, later, the restaurant group was fined for the same violations of other employees.

"He said that he would fire me, my husband, my brother-in-law, and all the refugee employees at the restaurant!"

providers: one study showed that 87.8% of trafficked victims had contact with a provider, and 57.1% visited a clinic while trafficked.⁷

HC staff continue to improve methods for conducting social needs screenings of their patients. These screenings also identify other disciplines and partners who can more appropriately address those social needs and risk factors. For patients experiencing IPV/HT/E, building partnerships with these colleagues helps to:

- Ensure the effectiveness of referrals
- Raise awareness and support staff wellness
- Improve overall health and social outcomes for survivors
- Prevent multiple forms of violence
- Address complex and high-risk needs
- Expand and enhance prevention strategies
- Increase community safety and health systems efficiencies.

Through collaborations between DVPs, civil legal aid organizations, and HCs, we can begin to:

- Make sure that survivors have no wrong door to seek care
- Remove barriers or threats to safety
- Are able to seek legal protections without fear, stigma, and further repercussions.

HOW TO GET STARTED ADDRESSING INTIMATE PARTNER VIOLENCE (IPV)/HUMAN TRAFFICKING (HT)/EXPLOITATION (E) WITHIN AN ORGANIZATION

IDENTIFY ORGANIZATIONAL PARTNERS

To help identify local programs in or near your community, see these tools and programs:

Health Resources & Services Administration (HRSA)

Find a Health Center Tool:

findahealthcenter.hrsa.gov

To find a local DV program visit: thehotline.org/get-help/domestic-violence-local-resources and to identify Tribal programs, visit niwrc.org/tribal-coalitions

Legal Services Corporation (LSC)

Find a Civil Legal Aid Organization

lsc.gov/about-lsc/what-legal-aid/get-legal-help

National Center for Medical-Legal Partnership (NCMLP)

Map of MLPs

medical-legalpartnership.org/partnerships

Health Partners on IPV + Exploitation

(Futures Without Violence) health-partnersipve.org and IPV Toolkit

ipvhealthpartners.org

SDOH INTERSECTION

Patients may focus on addressing other health-related social needs, such as food insecurity or unstable housing, before prioritizing safety within a relationship. Addressing these other factors can be important pathways to addressing violence and exploitation.

The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) is a national effort to help HCs and other providers collect the data needed to better understand and act on their patients' social determinants of health: prapare.org.

If your HC is using the [PRAPARE tool](#) to evaluate social determinants, this can help prompt the provider to initiate universal education on IPV/HT/E and offer resources to

the patient. Conversations about IPV and healthy relationships can be incorporated into workflows depending on who conducts the PRAPARE intake at your HC.

I-HELP TOOL AND WHERE IPV/HT MIGHT INTERSECT

Civil legal aid organizations or existing MLPs may find the National Center for Medical-Legal Partnership's I-HELP tool useful to address social needs, which can create vulnerabilities for IPV or exploitation and have health impacts. I-HELP stands for Income, Housing & Utilities, Education & Employment, Legal Status, and Personal & Family Stability. This chart can help legal providers understand the intersections of these domains with decreasing social vulnerability as well as addressing IPV/HT/E: medical-legalpartnership.org/mlp-resources/messaging-chart

CUES APPROACH AND SAFETY CARDS

Universal Education (UE) is an approach to educate all patients about issues of abuse and exploitation, regardless of whether a patient discloses an incident of abuse or exploitation. The difference between UE and screening is that UE involves educating and offering resources regardless of whether a disclosure occurred, whereas screening is dependent upon directly asking a patient about violence or exploitation and relies on a positive disclosure, which only then triggers additional services or support.

The "CUES" intervention is centered on partnerships between DVPs and HCs, so they can adopt a team-based response.

"CUES" is an Acronym:

C: CONFIDENTIALITY

Know reporting requirements and share any limits of confidentiality with patients. Always see patients alone for part of every visit.

UE: UNIVERSAL EDUCATION AND EMPOWERMENT

Give each patient two safety cards or other resources to start the conversation about IPV/HT/E and health impact, mentioning that you've included one they could share with a friend or family member.

S: SUPPORT

Though disclosure is not the goal, it will happen—know how to support someone who discloses. Make

a warm referral to a local DVP or a national hotline for support (see below) and offer health promotion information.

- National Domestic Violence Hotline 24/7 Confidential support call 1-800-799-SAFE (7233) www.thehotline.org
- For Native American clients contact Strong-Hearts Native Helpline 1-844-7-NATIVE (762-8483) strongheartshelpline.org

MLP TOOLKIT

All medical-legal partnerships (MLPs) address health-harming legal needs that disproportionately affect people living in poverty.⁸ These partnerships are defined by their adherence to two key principles. First, health care and legal professionals use training, screening and legal care to improve patient and population health. Second, this legal care is integrated into the delivery of health care and has deeply engaged health and legal partners at both the front-line and administrative levels. This toolkit assists HCs and legal partners to develop meaningful partnerships by 1) outlining nine conversations that the HC team and legal partners should engage in to plan for long-term success; 2) exploring the specifics pertaining to screening, referral, and service delivery workflows; 3) looking at the workforce development and training aspects of MLP; and 4) illustrating the types of projects MLPs can engage in to move upstream to address social determinants of health and health equity at a policy level.

medical-legalpartnership.org/mlp-resources/health-center-toolkit/

MEMORANDUM OF UNDERSTANDING (MOU)

Both the National Center for Medical-Legal Partnership and Futures Without Violence recommend utilizing a Memorandum of Understanding (MOU) to help HCs develop partnerships with legal service organizations and community based DVPs. These MOU templates and guides help partners formalize their relationship and define each partner's responsibilities. Examples include, service provision, training of respective staff, logistics, etc.

[Sample Memorandum of Understanding – Health Partners on IPV + Exploitation \(healthpartnersipve.org\)](http://healthpartnersipve.org)

PROTOCOL

The protocol's purpose is to prevent IPV/HT/E. This will occur through UE about healthy relationships and fair labor practices for the prevention of abuse, violence, and exploitation. The protocol will enable the HC 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, HCs will attend to the patients' physical and mental health needs and create safety plans in partnership with community-based advocates.

[Sample Health Center Protocol – Health Partners on IPV + Exploitation \(healthpartnersipve.org\)](http://healthpartnersipve.org)



SAMPLE SAFETY CARDS

Available from futureswithoutviolence.org

Aging with Respect



EXAMPLES IN PRACTICE

There are many examples of successful partnerships between civil legal aid organizations and health systems helping survivors across the country. Here are three:

Colorado Legal Services



Based in Denver, Colorado, the Survivor Services Unit at [Colorado Legal Services](#) provides legal assistance to survivors of human trafficking on certain immigration matters and other civil legal needs.

The unit developed important relationships with health care providers throughout the state in order to support survivors and streamline access to legal and health services for clients. The unit provides trainings to the medical community on human trafficking such as the legal definition, remedies available to survivors, and how to access important services and benefits available to survivors across the state. Health care teams have provided important training

to legal services staff on various topics such as the effects of trauma and the special needs of certain populations.

These relationships are critical for the survivors represented by the unit. Health care providers have connected individuals in need of assistance to the unit, including during the height of the pandemic when services were closed and many survivors felt isolated. Health care providers, often a trusted link to the communities they serve, may be the one place where survivors feel comfortable sharing their story and asking for help.

Alaska Legal Services Corporation



In 2017, [Alaska Legal Services](#) convened a meeting with the healthcare community to develop a plan addressing the justice gap in the state. Communities throughout the state face high rates of domestic violence and sexual assault, but do not have the same infrastructure to support survivors that exists in other states. Many of Alaska's 750,000 residents live in small hub communities, accessible only by airplane, boat, or snow machine. The most indigenous state in the union, Alaska is home to 229 federally recognized Alaska Native Villages. Closing the justice gap would require a solution that was community-based and met the needs of the diverse communities in Alaska.

In partnership with Alaska Native Tribal Health Consortium, Alaska Legal Services built a statewide network of six MLPs. The partners are continuing to develop new programs to address “health-harming legal needs”, or the social, environmental, and behavioral factors that impact a person's health and create needs that legal services organizations are set up to address. With support from the MLPs, Alaska Legal Services is training community health workers to screen, service, and triage legal issues such as domestic violence, housing, and debt collection. The program trained more than 200 individuals from remote communities across the state. This new justice and health workforce identifies legal issues and, where appropriate, refers the individual to a trained, licensed attorney to further assist.

Indiana Legal Services, Legal Assistance for Victimized Adults (LAVA) Project



**EQUAL
ACCESS
TO JUSTICE**

Launched in 2016, the [LAVA Project at Indiana Legal Services](#) provides legal assistance to victimized older and endangered adults. Community partners conceived the project to meet the unaddressed legal needs of older adult victims of crimes such as

abuse, neglect, and exploitation. The attorneys and social workers who staff the program provide legal assistance and additional support to their clients, helping them regain autonomy and agency while easing or eliminating the negative effects of these crimes. The LAVA Project is using proactive training and education to help health care providers identify situations where older and endangered adults may be in need of support. In addition to representing clients in cases related to domestic violence, the project also provides direct civil legal representation to clients experiencing a wide range of criminal activity, including: fiduciary abuse, financial exploitation, abusive guardianships, trespass, and consumer scams.

RESOURCES



CUES: AN EVIDENCE-BASED INTERVENTION TO ADDRESS DOMESTIC AND SEXUAL VIOLENCE IN HEALTH SETTINGS

Health Partners on IPV + Exploitation

This infographic lays out the CUES acronym: Confidentiality, Universal Education + Empowerment, and Support.

ipvhealthpartners.org/adopt/



PROTOCOL TEMPLATE FOR HEALTH CENTERS

Health Partners on IPV + 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.

healthpartnersipve.org/futures-resources/sample-health-center-protocol/



MOU TEMPLATE

Health Partners on IPV + Exploitation

This template provides a model that contains best practices for building and sustaining health center and domestic violence program partnerships.

healthpartnersipve.org/futures-resources/sample-memorandum-of-understanding/



BRINGING LAWYERS ONTO THE HEALTH CENTER CARE TEAM TO PROMOTE PATIENT AND COMMUNITY HEALTH

National Center for Medical-Legal Partnership

This toolkit provides the health center community with information and resources to start, strengthen, and sustain a medical-legal partnership (MLP).

medical-legalpartnership.org/mlp-resources/health-center-toolkit/



MEDICAL-LEGAL COLLABORATION AND COMMUNITY PARTNERSHIPS: PRIORITIZING PREVENTION OF HUMAN TRAFFICKING IN FEDERALLY QUALIFIED HEALTH CENTERS

Kimberly S.G. Chang MD, MPH; Hamida Yusufzai; Anna Marjavi

This article discusses various types of medical-legal efforts and highlights individual patient and organizational case studies. There is also a discussion about the intersection of human trafficking with intimate partner violence, and how community partnerships and legal partnerships have played an important role in prevention efforts.

readingroom.law.gsu.edu/gslr/vol36/iss4/8/



COLLABORATING TO ADDRESS THE HEALTH AND LEGAL NEEDS OF PATIENTS EXPERIENCING INTIMATE PARTNER VIOLENCE AND EXPLOITATION: LEARNING COLLABORATIVE SERIES AND WEBINAR (RECORDINGS)

Health Partners on IPV + Exploitation; National Center for Medical-Legal Partnership

These live training events helped participants better understand how to partner to address the health and legal needs of patients and clients experiencing intimate partner violence (IPV) and exploitation.

healthpartnersipve.org/medical-legal-partnerships/

GLOSSARY

WHAT IS...

CIVIL LEGAL AID?

Civil legal aid provides counsel, advice, and legal advocacy for individuals facing legal issues that fall outside of the criminal justice system. Civil legal aid attorneys may assist clients in fighting evictions and foreclosures, denials of benefits or assistance through government problems, divorce, child custody or support, and more. Civil legal aid organizations assist people living at or near poverty. To locate a legal aid organization, visit Legal Service Corporation (lsc.gov/about-lsc/what-legal-aid/get-legal-help). For more information, visit the National Legal Aid & Defender Association’s website (nlada.org/tools-and-technical-assistance/civil-legal-aid-resources/what-legal-aid).

A COMMUNITY HEALTH CENTER?

(also known as a federally qualified health center, or FQHC)

Community health centers are community-based and patient-directed organizations that deliver free or low-cost comprehensive primary health care services in all 50 U.S. states, D.C., and territories. There are nearly 1,400 health centers with more than 13,500 service delivery sites, serving nearly 29 million patients. Health centers often integrate access to pharmacy, mental health, substance use treatment, and oral health services in areas where economic, geographic, or cultural barriers limit access to affordable health care services. By federal statute, health centers must provide services to Medically Underserved Areas (MUA) or Medically Underserved Populations (MUP) – people who have high vulnerabilities to being exploited and trafficked including migrant farmworkers, public housing residents, and those who are homeless/unsheltered. Visit findahealthcenter.hrsa.gov to locate a Health Center near you.

DOMESTIC VIOLENCE, or DV?

Domestic violence is violence that takes place within a household and can be between any two people within that household. DV can occur between a parent and child, siblings, or even roommates.

A DV PROGRAM, or DVP?

Domestic violence programs work with communities to support survivors of domestic and sexual violence as well as human trafficking in times of crisis and need. DV Advocates often operate 24/7 hotlines and work with survivors and their families to promote safety and help heal from violence. Every U.S. state and territory maintains a DV coalition, visit nnedv.org/content/state-u-s-territory-coalitions/ to identify your coalition; or niwrc.org/tribal-coalitions to identify Tribal Coalitions and reach out to identify local DV program(s). Where a local program is not available, visit the National Domestic Violence Hotline (thehotline.org) or call 800-799-SAFE (7233) for free and confidential support. For Native American clients visit Stronghearts Native Helpline (strongheartshelpline.org) or call 1-844-7-NATIVE (762-8483).

HUMAN TRAFFICKING?

Human Trafficking is the legal umbrella term for the act of recruiting, harboring, transporting, providing, or obtaining a person for compelled labor or adult commercial sex acts with the use of force, fraud, or coercion; and any commercial sex acts of those under age 18.

INTIMATE PARTNER VIOLENCE, or IPV?

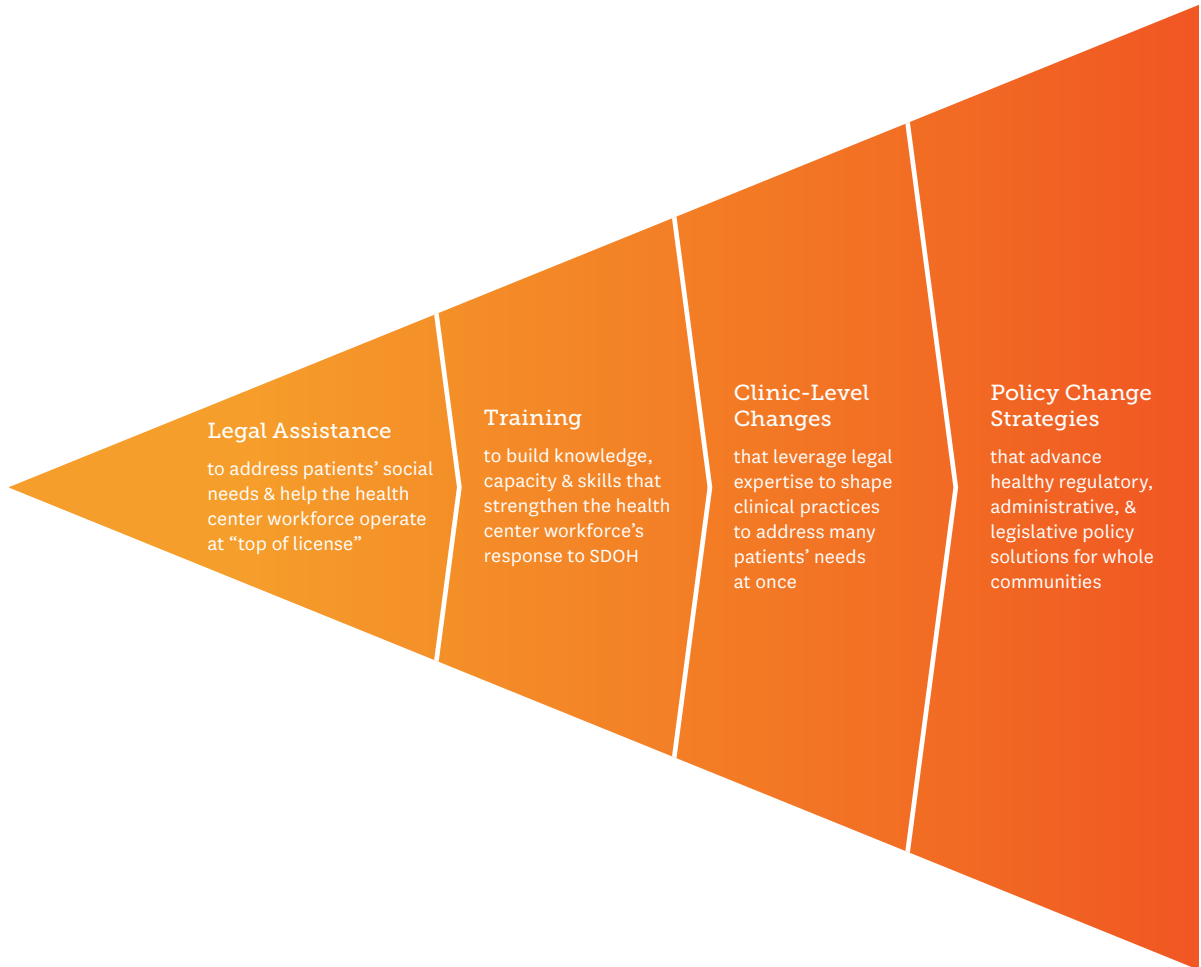
IPV describes physical, sexual, or psychological harm by a current or former partner or spouse. For more information, visit www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html.

LABOR EXPLOITATION?

Labor Exploitation takes place when an employer unfairly benefits from an employee’s work. Labor exploitation is not a legal term—in fact, not all forms of labor exploitation are illegal. Labor violations are a subset of labor exploitation and it is a legal term used when employers violate federal, state, or municipal laws related to worker treatment, workplace safety, or recordkeeping requirements.

MEDICAL-LEGAL PARTNERSHIP, or MLP?

Medical-legal partnerships integrate the unique expertise of lawyers into health care settings to help clinicians, case managers, and social workers address structural problems at the root of so many health inequities. MLPs can work on a variety of activities, including addressing patients’ social needs, training health care workers, improving clinic-level practices, and working toward upstream policy changes (see graphic below). For more information, visit the National Center for Medical-Legal Partnership (medical-legalpartnership.org/response/).



SEX TRAFFICKING?

Sex Trafficking is when a person is recruited or used for a commercial sex act. CSEC (Commercial Sexual Exploitation of Children) is defined as the sexual abuse of a minor entirely or primarily for financial or other economic reasons. Economic exchanges may be monetary or non-monetary (food, shelter, or drugs). CSEC does not need to prove force, fraud, or coercion to be sex trafficking and is considered as child abuse to be reported by mandated reporters.

SEXUAL EXPLOITATION?

Sexual Exploitation is the actual or attempted abuse of a position of vulnerability, power, or trust, for sexual purposes including, but not limited to, profiting monetarily, socially, or politically from someone else. Examples include coercion from employers/workplace, coercive rent/debt exchange, and trading drugs/children’s sex. These dynamics may also fall under the federal human trafficking definition.

ENDNOTES

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- 8 Regenstein M, Trott J, Williamson A, Theiss J. (2018) “Addressing Social Determinants Of Health Through Medical-Legal Partnerships.” *Health Affairs* 37(3):378-385. doi:10.1377/hlthaff.2017.1264