



Intimate Partner Violence: Clinical Skills, EHR tools, and Community Partnerships for Patient Care

Date: 8/14/2025

Time: 3:30 pm – 4:30 pm

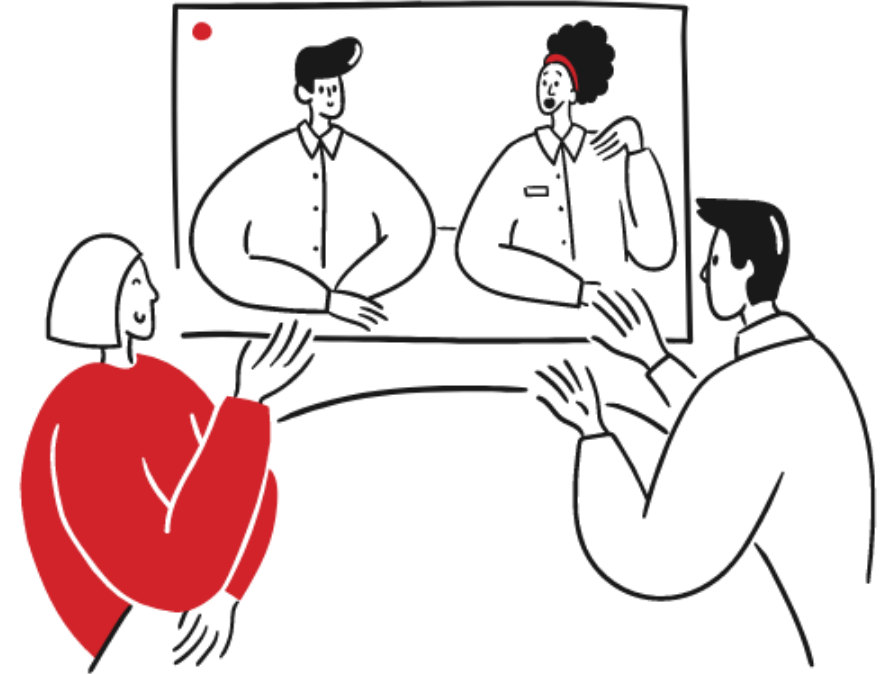
HRSA Funding Acknowledgement:

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Housekeeping

- Welcome!
- Let's get to know each other - Take a moment to introduce yourself in the chat!
- **Please change your name to your full First and Last Name**
- **Please add your Health Center/Organization Name next to your name!**



**Intimate Partner Violence (2-Part Webinar Series):
Designing a Response to Intimate Partner Violence (IPV)
Community Health Care Association of New York State
Thursday, August 14, 2025**

Intimate Partner Violence: Clinical Skills, EHR tools, and Community Partnerships for Patient Care

Presented by:

Anna Marjavi
Director, Health Partners on IPV +Exploitation
Futures Without Violence
amarjavi@futureswithoutviolence.

Erica Monasterio, MN, FNP-BC
Consultant, Health Partners on IPV + Exploitation
monasterioe@gmail.com



Health Partners on IPV + Exploitation

Led by Futures Without Violence (FUTURES) and funded by HRSA BPHC to work with 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 free educational programs including:

- ✓ Small group trainings
- ✓ Webinars + archives
- ✓ Clinical and patient tools, an online toolkit, evaluation + EHR smart tools
- **Learn more:** www.healthpartnersipve.org



Today's Talk



- Recap from Session 1- Summary and Key Points
 - Barriers to disclosure and limits of disclosure-driven practices
 - CUES and integration of universal education into clinical visits
 - HRSA UDS measures and associated ICD-10 codes
 - Strategies and tools to support patients experiencing IPV
 - Q/A and comments
-

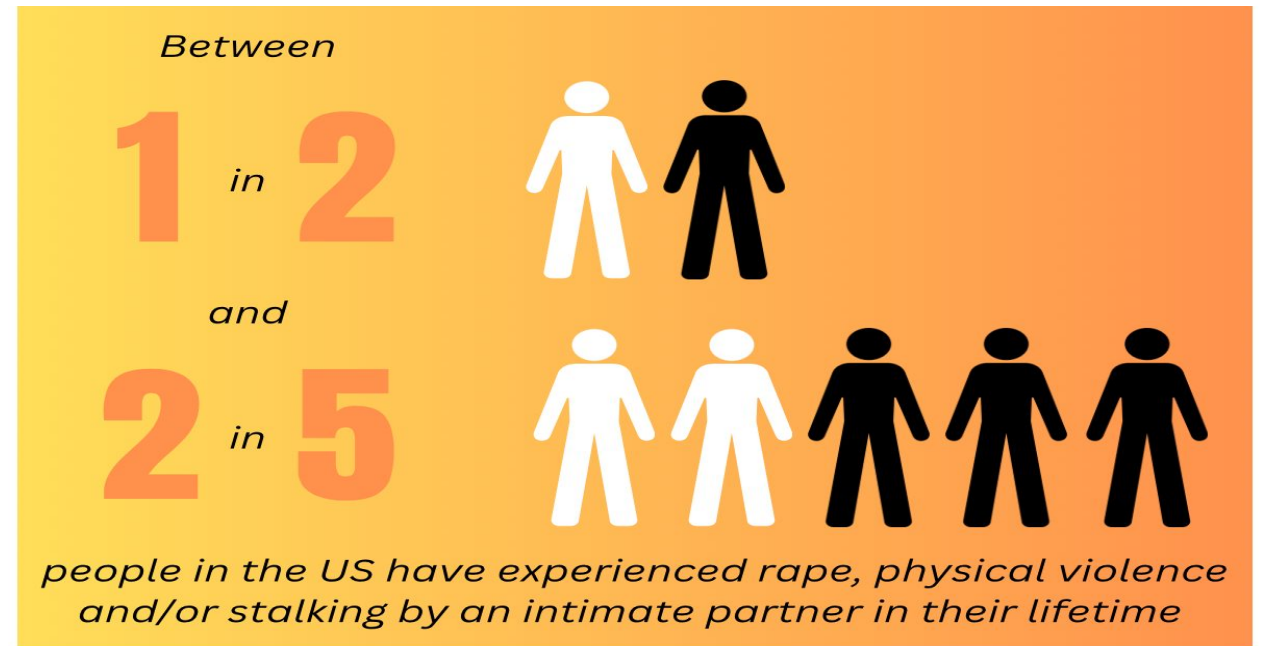
Recap: IPV Definition and Prevalence

Definition: 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.

Public health definitions include a broad range of controlling behaviors that impact health including:

- emotional abuse
- social isolation
- stalking
- intimidation and threats

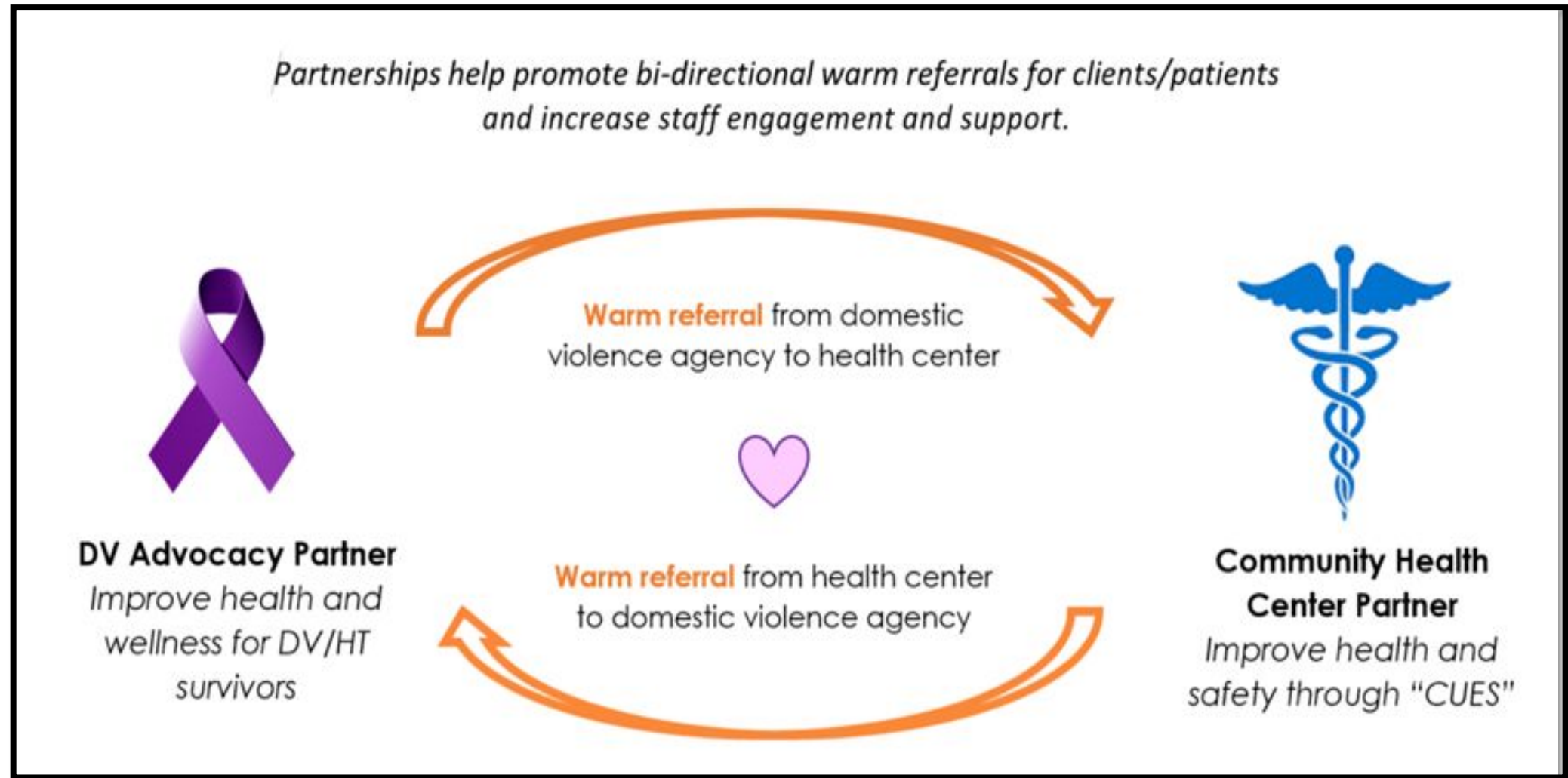
Physical violence, rape and or stalking by an intimate partner



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



Recap: The Heart of the Model: Building Meaningful Partnerships



Partnership Benefits

- Support for health center staff + patients who experience DV and need safety planning.
- Facilitates health enrollment for clients and staff.
- Help establishing a primary care provider (PCP) – moving away from emergency-level care.
- Supports emergency preparedness.

Find your State and Tribal Coalitions:

- <https://nnedv.org/content/state-u-s-territory-coalitions/>
- <https://www.niwrc.org/tribal-coalitions>

See DV survivor health center enrollment tools:

<https://healthpartnersipve.org/futures-resources/increasing-health-care-enrollment-for-survivors-of-domestic-violence/>

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 share goals to advance health equity and health outcomes in medically underserved communities. With current American Rescue Plan (ARP) COVID-19 funding, we now have a unique opportunity for these systems to partner 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.

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 enrollment process if you can't help them right away. A good place to start: <https://localhelp.healthcare.gov/> If the

healthpartnersipve.org

Partnerships between health centers and domestic and sexual violence (DSV) advocacy programs are crucial to support survivors in your community.

To start and grow a partnership:

- Assess the needs of your community**
What communities does your health center serve? What kinds of support services would benefit survivors in these communities? Engage survivors to get their input.
- Identify champions in your health center and community**
Who can research what DSV resources exist in your community? What services already exist to support survivors in your health center?
- What are the benefits for staff and patients?**
Partnerships between health centers, community-based organizations, and DSV advocacy programs provide benefits for health center staff, survivors, and all patients:
 - Increased access to healthcare enrollment and services
 - Safety planning for survivors and connection to DSV advocates
 - Addressing intersecting needs like food access, legal support and housing
 - Relying on the expertise of your partners—you don't have to be an expert on violence!
 - Support for staff wellness and healing
- Connect with community-based DSV advocates**
What organizations exist to meet the needs of survivors in your community? What are their services? Identify a point of contact. Find your local DSV programs through:
 - The National Domestic Violence Hotline: 1-800-799-SAFE and thehotline.org, 24/7 DSV advocate responders, 170+ languages.
 - State Coalitions: nashv.org/identifyingstateusa-territory-coalitions
 - Tribal Coalitions: www.niwrc.org/tribal-coalitions
- Define the partnership**
Collectively create an agreement on how the working relationship will be carried out. This could include the roles of each partner, the timeline for partnership roll out, process for decision making and communication. These agreements and processes can be outlined in a Memorandum of Understanding.
 - Key resource: [Sample Memorandum of Understanding](#)
- Promote privacy and confidentiality**
Robust partnerships between health centers and CBOs do not have to compromise survivor privacy and confidentiality to work effectively. Programs can take steps to ensure survivors' information is protected.
 - Key resources: [Privacy Principles for Protecting Survivors of IPV and Trauma Trafficking](#), [FAQ: Protecting Survivor Privacy](#)
- Develop a procedure for bi-directional warm referrals between your health center and the DSV advocacy program**
How can health center staff be trained to offer a supported connection to a DSV advocacy program when a patient discloses experienced abuse? How can survivors referred from the DSV program to the health center partner get to gain access to next day appointments for immediate medical needs?

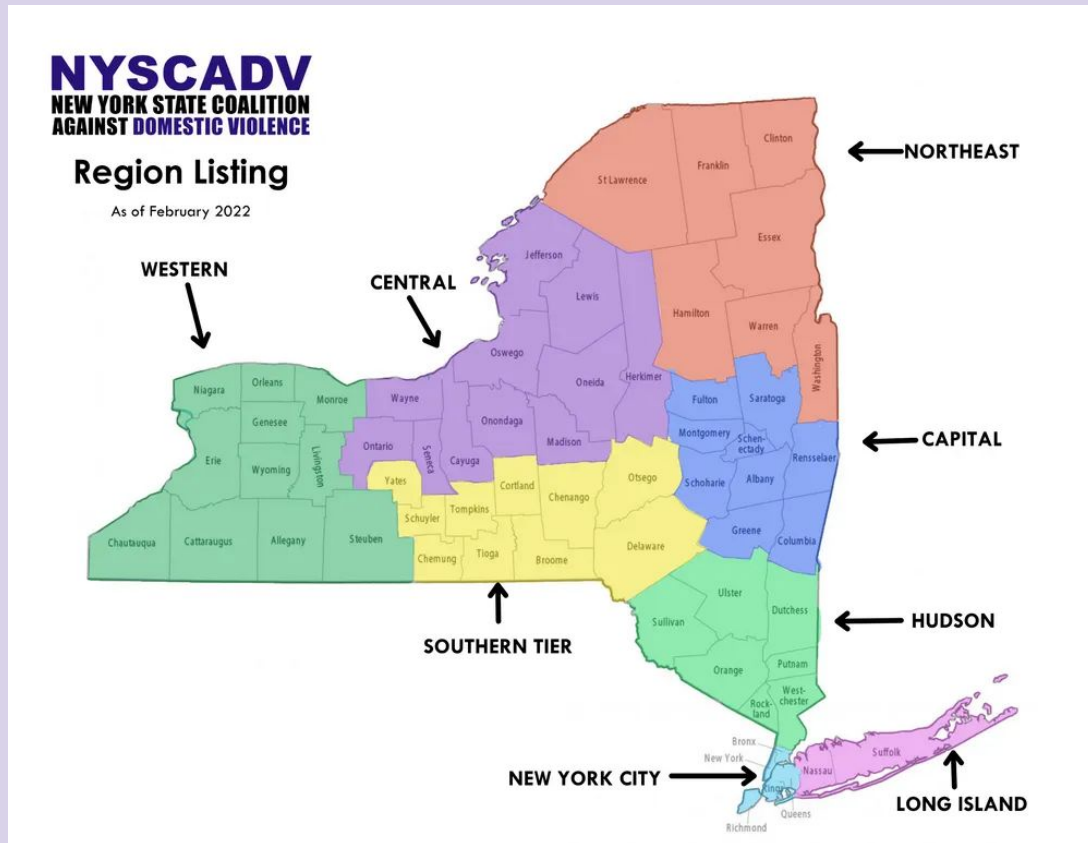
<https://healthpartnersipve.org/resources/partnerships-between-hcs-and-dv-and-sv-advocacy-programs-bi-directional-infographic/>

NYSCADV

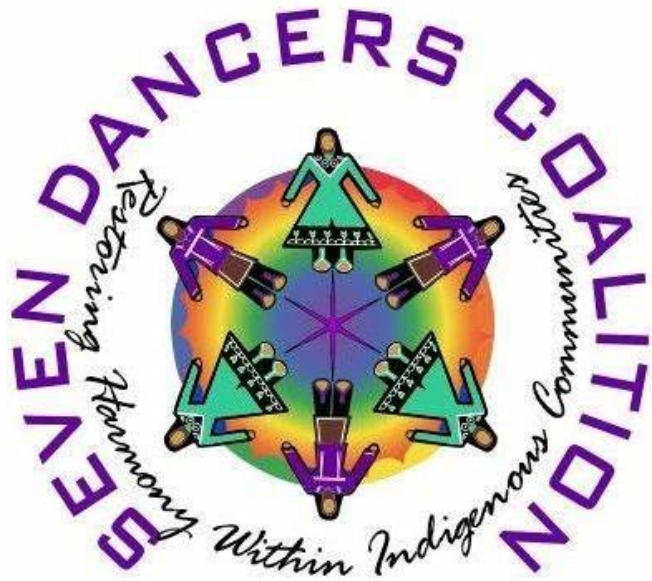
NEW YORK STATE COALITION AGAINST DOMESTIC VIOLENCE

Core services include:

- **24/7 Hotline**
- **Transportation**
- **Medical Advocacy**
- **Nutrition**
- **Information and Referral**
- **DV Advocacy and Support**
- **Counseling**
- **Support Groups**
- **Children's Services**
- **Community Education and Outreach**



www.nyscadv.org



Seven Dancers Coalition

1569 State Route 37, Akwesasne, NY

United States 13655

Phone: (518) 358-2916

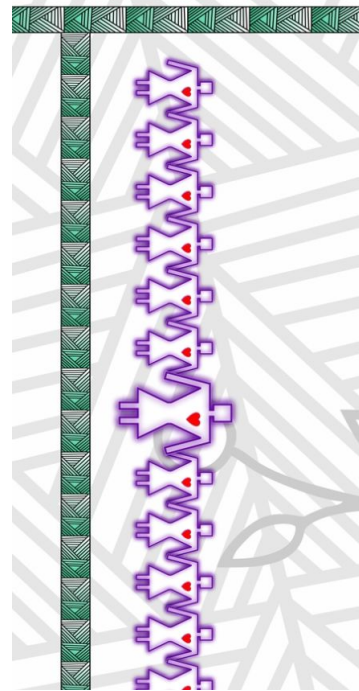
Email: info@sevendancerscoalition.com

Point of Contact: Amie Barnes

[Seven Dancers Coalition Website - Haudenosaunee Coalition - Home](http://www.sevendancerscoalition.com)

[Seven Dancers Coalition Facebook - https://www.facebook.com/sevendancerscoalition/](https://www.facebook.com/sevendancerscoalition/)

[All Tribal Coalitions: https://www.niwrc.org/tribal-coalitions](https://www.niwrc.org/tribal-coalitions)





Call 1.800.799.SAFE
(7233)



Chat live
now



Text "START" to 88788

Visit our page for Privacy Policy. Msg & Data Rates May Apply. Text STOP to opt out.

NATIONAL DOMESTIC VIOLENCE HOTLINE

Get Help

What is a Safety Plan?

Local Resources

**Healthcare, IPV, and Health
Centers**

Legal Help

Deaf Services

Native American Services

Identify Abuse

Plan for Safety

Support Others



<https://www.thehotline.org/get-help/healthcare-and-abuse/>



STRONGHEARTS
Native Helpline

844-7NATIVE (762-8483) <https://strongheartshelpline.org>

StrongHearts Native Helpline is a 24/7 safe, confidential and anonymous domestic and sexual violence helpline for Native Americans and Alaska Natives, offering support and advocacy.

StrongHearts advocates offer the following services at no cost:

- Peer support and advocacy
- Information and education about domestic violence and sexual violence
- Personalized safety planning
- Crisis intervention
- Referrals to Native-centered domestic violence and sexual violence service providers
- Basic information about health options
- Support finding a local health facility or crisis center trained in the care of survivors of sexual assault and forensic exams
- General information about jurisdiction and legal advocacy referrals



Recap: Health Impact - IPV

- Asthma
- Bladder and kidney infections
- Circulatory conditions
- Cardiovascular disease
- IBS
- Chronic pain syndromes
- Central nervous system disorders
- Gastrointestinal disorders
- Joint disease
- Migraines and headaches
- Fibromyalgia
- Anxiety and/or depression
- PTSD
- Sleep disturbances
- Substance dependency
- Antisocial behavior
- Suicidal behavior
- Low self-esteem
- Emotional detachment

Partner Inflicted Brain Injury: More than **two-thirds** of IPV victims are **strangled** at least once
{ the average is **5.3** times per victim }

(Chrisler & Ferguson, 2006 Bichard et al., 2020)



Care Seeking in the Context of IPV

Opportunities to access care are impacted by:

- Controlling partner who restricts access
- Lack of person-centered support services
- Lack of access to housing, health services, jobs, etc.
- Lack of trust in official systems
- Fear of outcomes if agencies/systems are involved
- Language barriers
- Lack of safe options to report violence to the police or use the courts



Health Center Program Uniform Data System (UDS)

IPV/HT/E codes added in 2020

Uniform Data System

2025 MANUAL

Health Center Data Reporting Requirements



HRSA
Health Center Program

For Reports Due February 15, 2026



<https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance>

**Barriers to Disclosure and Limits of
Disclosure-driven Practices**

and

The Evidence-based CUES Intervention

Shifting Away from Screening...

“No one is hurting you at home, right?” (Partner seated next to client as this is asked – consider how that felt to the patient?)

“Within the last year has he ever hurt you or hit you?”
(Nurse with back to you at her computer screen)

“I’m really sorry I have to ask you these questions, it’s a requirement of our clinic.” (Screening tool in hand -- What was the staff communicating to the patient?)



Why might a survivor choose not to disclose IPV/HT when screened by a healthcare provider?

- Shame, judgement, stigma
- Fear, threats
- Fear of systems/police involvement
- Afraid children can be taken away
- Lack of awareness of victim status and rights
- Lack of knowledge of U.S. laws
- Language barriers and illiteracy
- The experiences are not captured in the screening tool
- Screening was conducted in a way that is not person-centered
- Screening process creates a power differential between healthcare workers and patients



Rethinking Screening

- ✓ Low disclosure rates
- ✓ Not survivor centered
- ✓ Resources offered only based on a patient's disclosure
- ✓ Missed opportunity for prevention education

*What if disclosure/identification
is no longer the goal?*



Universal Education = Eliminating Healthcare Gaps

Provides a strategy to treat clients with respect by giving them key information about healthy and unhealthy relationships and where to get supports without requiring disclosure to get them.

**We strongly recommend first doing universal education prior to IPV screening*

CUES: An Overview

C: Confidentiality

- See patient alone for part of every visit, disclose limits of confidentiality

UE: Universal Education

- 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

- Provide a "warm referral" to local domestic/sexual violence agency
"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."



Safety cards are available for different settings, communities and in a variety of languages at store.futureswithoutviolence.org/

C: Confidentiality



Before implementing CUES, establish a clinic-wide policy to see patients alone for part of every visit. Post a sign in waiting rooms and exam rooms that reads:



Safety
First

NEW CLINIC POLICY:

For privacy compliance, every patient
will be seen alone for some part of
their visit.

Thank you for your help.

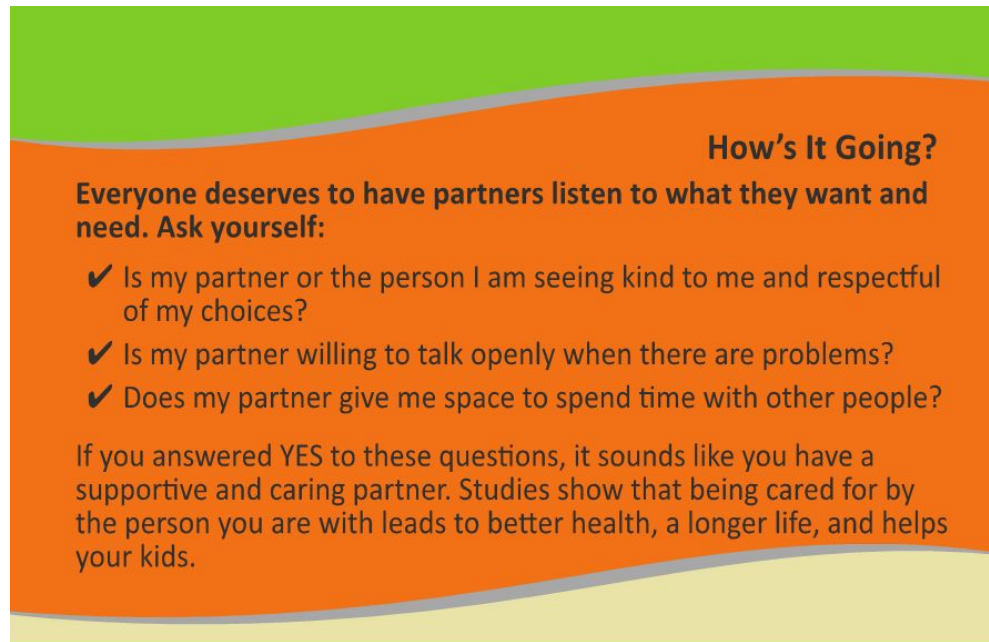
**“We always see patients alone”
(staff training video)**



<https://www.youtube.com/watch?v=0w8ME3BGkYY>

UE: Safety Card Panel with Characteristics of Healthy Relationships

Adult



The Adult Safety Card Panel features a green header, an orange main body, and a light green footer. The title 'How's It Going?' is in the top right. The text asks if everyone deserves to have partners listen to what they want and need, and provides three checklist items with checkmarks. A concluding paragraph states that answering YES to these questions indicates a supportive and caring partner, leading to better health and longer life.

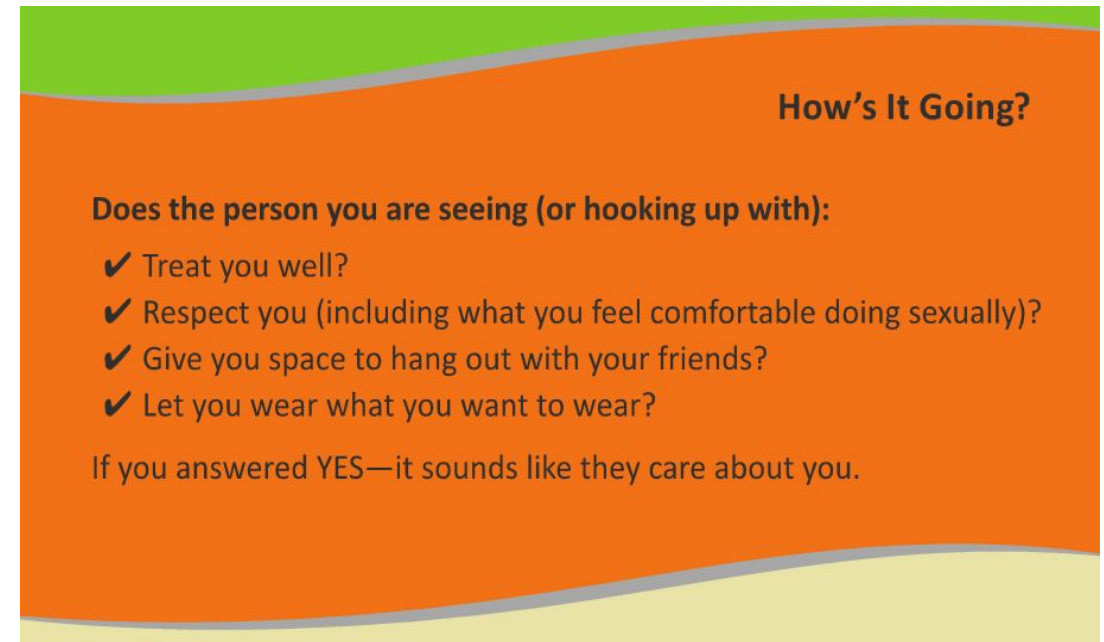
How's It Going?

Everyone deserves to have partners listen to what they want and need. Ask yourself:

- ✓ Is my partner or the person I am seeing kind to me and respectful of my choices?
- ✓ Is my partner willing to talk openly when there are problems?
- ✓ Does my partner give me space to spend time with other people?

If you answered YES to these questions, it sounds like you have a supportive and caring partner. Studies show that being cared for by the person you are with leads to better health, a longer life, and helps your kids.

Youth



The Youth Safety Card Panel features a green header, an orange main body, and a light green footer. The title 'How's It Going?' is in the top right. The text asks if the person you are seeing (or hooking up with) meets four criteria, listed with checkmarks. A concluding sentence states that answering YES means they care about you.

How's It Going?

Does the person you are seeing (or hooking up with):

- ✓ Treat you well?
- ✓ Respect you (including what you feel comfortable doing sexually)?
- ✓ Give you space to hang out with your friends?
- ✓ Let you wear what you want to wear?

If you answered YES—it sounds like they care about you.



Safety Card Panel with Characteristics of Unhealthy Relationships

Adult

Are There Times...

My partner or the person I'm seeing:

- ✗ Shames or humiliates me, makes me feel bad about myself, or controls where I go and how I spend my money?
- ✗ Ever hurts or scares me with their words or actions?
- ✗ Makes me have sex when I don't want to?
- ✗ Keeps me from seeing my doctor or taking my medicine?

These experiences are common. 1 in 4 women is hurt by a partner in her lifetime. If something like this is happening to you or a friend, call or text the hotlines on this card.

Youth

Are There Times...

The person you are seeing:

- ✗ Shames you or makes you feel stupid?
- ✗ Controls where you go, reads your texts or makes you feel afraid?
- ✗ Threatens to put something on social media to control you?
- ✗ Grabs your arm, yells at you, or pushes you?

You are not alone, and nobody deserves to be treated this way. For help and support, text/call hotlines on the back of this card.



Adult Panels that Address:

How to Help Others

Helping a Friend

Everyone feels helpless at times and like nothing they do is right.

Sound familiar? This can be a bigger problem if you have a partner who is unhealthy or unsafe. Connecting with friends or family who are having hard times like this is so important.

You can help by telling them they aren't alone. "Hey, I've been there too and someone gave this card to me. It has ideas on places you can go for support and things you can do to be safer and healthier."

And for you? Studies show when we help others we see the good in ourselves, too.

Self Care

Stronger You

What does it mean to be strong, resilient or come back from bad experiences?

- ✓ Knowing you aren't at fault for what was done to you.
- ✓ Figuring out how to manage stress and find healthy ways to cope.
- ✓ Finding people who are safe can help you heal.

Maybe you have a good friend to talk with. Maybe you don't yet. For some, talking to the helpful people from the hotlines listed on this card might be a great first step.



The Connection Between Unhealthy and Healthy Relationships

Partners Can Affect Health

A lot of people don't realize that having a partner hurt you with their words, injure/hurt you or make you do sexual things you don't want to can affect your health:

- ✓ Asthma, diabetes, chronic pain, high blood pressure, cancer
- ✓ Smoking, drug and alcohol abuse, unplanned pregnancies and STDs
- ✓ Trouble sleeping, depression, anxiety, inability to think or control emotions

Talking to your health provider about these connections can help them take better care of you.

Simple Steps For Healing

Science tells us when you are hurt as a kid or as an adult you are at risk for having a hard time taking care of yourself. Let's change that.

1. The best way to make it better is to reduce the stress on your body.
 - Exercise—it calms the brain and body and helps you feel better.
2. It sounds silly, but when you get hurt, your body learns how to hold on to that stress and worry. There's a way to turn down anxiety when it's safe.
 - Deep breathing is the key to this. Check out "Tactical Breather," a free cell phone app to help you feel calm and reminds you how to slow your breathing to help you think.



A Panel About Safety Planning for Adults

Safety Planning

If you are being hurt by a partner, it is not your fault. You deserve to be safe and treated with respect.

“Safe” looks different for everyone, here are some things that can help:

- ♥ Remember what you have done in the past that has worked to keep you safe.
- ✚ Prepare an emergency kit in case you have to leave fast with: money, phone charger, keys, medicines, birth certificates and shot records.
- 💬 Talk to your health care provider about using their phone to call the hotlines on this card so your partner can't see it on your call log. Hotline staff can help you think through next steps.

And Respect in Relationships for Youth

What About Respect?

Anyone you're with (hanging out, or hooking up) should:

- ✓ Make you feel safe and listened to.
- ✓ Never pressure you or try to get you drunk or high, especially if they use that to hook up with you.
- ✓ Ask if it's ok to touch you, kiss you (or whatever else).

How would you want your best friend, sister, or brother to be treated by someone they were going out with? Ask yourself if the person you are seeing treats you with respect, and if you treat them with respect.



National Resources Panel

Adult



FuturesWithoutViolence.org



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Funded in part by the U.S. Department
of Health and Human Services and
Administration on Children, Youth and
Families (Grant #90EV0414).

General Health

The National Domestic Violence Hotline is confidential, open 24/7, and has staff who are kind and can help you with a plan to be safer.

The Hotline

1-800-799-SAFE (1-800-799-7233)

TTY 1-800-787-3224 - www.thehotline.org

Text trained counselors about anything
that's on your mind:

Crisis Text Line **www.crisistextline.org**

Text "START" to 741741



Funded in part by the U.S. Department
of Health and Human Services and
Administration on Children, Youth and
Families (Grant #90EV0414).



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Youth

If you or someone you know is being hurt by a partner—please call/text (for yourself or a friend)—they are kind, it's free, open 24/7 and they don't report what you say to anyone:

1-866-331-9474 | Text "loveis" to 22522

Develop a safety plan using this app:

www.joinonelove.org/my_plan_app

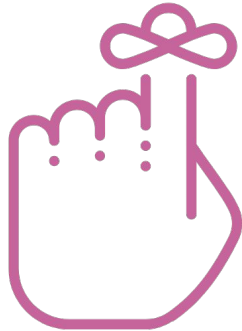
Text trained counselors about anything
else that's on your mind:

Text "HELLO" to 741741



Support: Important Reminder

Though disclosure of violence is not the goal, it will happen -- know how to support someone who discloses.



Things to say to people who have experienced harm:

I believe you.

**I am so sorry
this is
happening
to you.**

**Thank you for
sharing this.**

**I don't even
know what to
say right now,
but I am so
glad you told me.**

**You don't
deserve this.**

**Thank you for
telling me.**

**It's not
your fault.**

**You are
not alone.**

**You get to
choose what
you do next.**

The Evidence Behind CUES

The CUES Intervention was developed as a result of 15+ years analysis of the studies in maternal and adolescent health settings.

- **What we heard survivors want from health professionals:**
 - Autonomy
 - Empathy & Compassion
- **There are limitations to screening without universal education:**
 - Low Disclosure Rates
 - Screening Impact
- **Importance of confidentiality:**
 - Privacy Concerns
 - Non-Disclosure Reasons
- **Universal education + cross sector partnership:**
 - A healing-centric, comprehensive approach
 - Providers gain confidence and awareness from universal education programs



Universal Education (video)



https://www.youtube.com/watch?feature=shared&v=_N-llCsnGSI

More CUES videos: <https://healthpartnersipve.org/resources/futures-without-violence-cues-videos/>

Video Debrief and Audience Q/A



- Do we know if the card was for her, or for her sister? Does it matter?
 - Audience thoughts about what you heard?
 - Is this a practice that you think could work in your health center?
 - What are your questions or concerns?
-

Redefining Success

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

- ★ Grow strong partnerships with DV advocacy programs
- ★ CUES approach v. screening alone
- ★ Confidential environment: see patients alone for part of every visit
- ★ Offer patients supportive messages
- ★ Offer patients strategies to promote safety and health
- ★ Make warm, supported referrals to DV advocacy programs



HRSA UDS Measures on IPV and Human Trafficking Associated ICD-10 Codes

2025 UDS Measures on IPV and HT

Line	Diagnostic Category	Applicable ICD-10-CM Code or Value Set Object Identifier (OID)	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
20e	Human trafficking	ICD-10: T74.5- through T74.6-, T76.5- through T76.6-, Z04.81, Z04.82, Z62.813, Z91.42		
20f	Intimate partner violence	ICD-10: T74.11-, T74.21-, T74.31-, Z69.11		

HRSA BPHC 2025 UDS Data



ICD-10 Codes for Intimate Partner Violence

IPV ICD-10 Codes

- T74.11 – Adult physical abuse, confirmed
- T74.21 – Adult sexual abuse, confirmed
- T74.31 – Adult psychological abuse, confirmed
- Z69.11 – Encounter for mental health services for victim of spousal or partner abuse



Components of EHR SmartForms for Providers



SmartForms can facilitate private, safe, and confidential documentation for sensitive matters such as IPV and Exploitation

They include components such as:

- Embedded CUES Provider Scripts
- Link to ICD-10 IPV and Exploitation Codes
- Confidential Coding
- Ability to make notes private
- Links to Resources



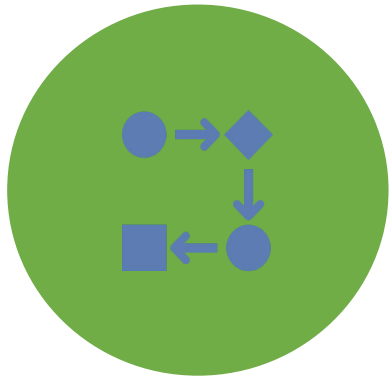
TWO EHRs now have *Health Partners on IPV + Exploitation* advised smarttools: OCHIN Epic and eClinicalWorks

<https://healthpartnersipve.org/resources/health-information-technology/>



OCHIN EPIC Pilot Framework

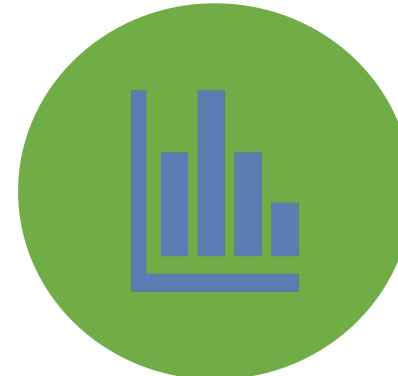
Futures Without Violence Partnered with OCHIN to develop a Smart Tool to:



**FACILITATE
WORKFLOW**



**FACILITATE AND
DRIVE
PRACTICE
CHANGE**



**FACILITATE
DATA
COLLECTION**



**IDENTIFY AREAS
FOR IMPROVEMENT
AND GAPS IN
RESPONSE FOR
CLINIC FLOW**

eClinicalWorks Smart Tool on IPV

Key functions and features:

- Ability to incorporate confidentiality scripts
- Confidential progress note section
- Internal referrals and follow ups for warm referrals
- Global Patient Alerts for clinical team
- Ability to add appropriate ICD-10 codes
- Functionality to block an encounter from a portal if it may cause harm



Released in May, 2025

For more information, view this recorded webinar:

<https://healthpartnersipve.org/resources/eclinicalworks-smart-tool/>



Strategies and Tools

Protocol on IPV/HT/E and QA/QI tool



- The protocol was developed as a response to the UDS measures.
 - Offers a model to empower HCs to provide survivor-centered care and formalize strategies to connect patients with community-based services.
 - Available in English and Spanish.
- The Quality Assessment/Quality Improvement (QA/QI) tool provides guiding questions to assess quality of care related to IPV/HT/E interventions & healthy relationship promotion within health care delivery.
 - A benchmark for HC quality improvement efforts.

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

<https://healthpartnersipve.org/resources/quality-assessment-quality-improvement-tool/>

HEALTH PARTNERS ON IPV + EXPLOITATION
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, in partnership with community health centers to prevent, educate about, and respond to IPV/HT/E within health centers. Partnerships with community-based advocates, project of Futures Without Violence, and technical assistance provided training and technical assistance to health centers. The tool is designed to be helpful to review the core components of a community health center's quality improvement efforts.

[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://ipve.healthpartners.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).

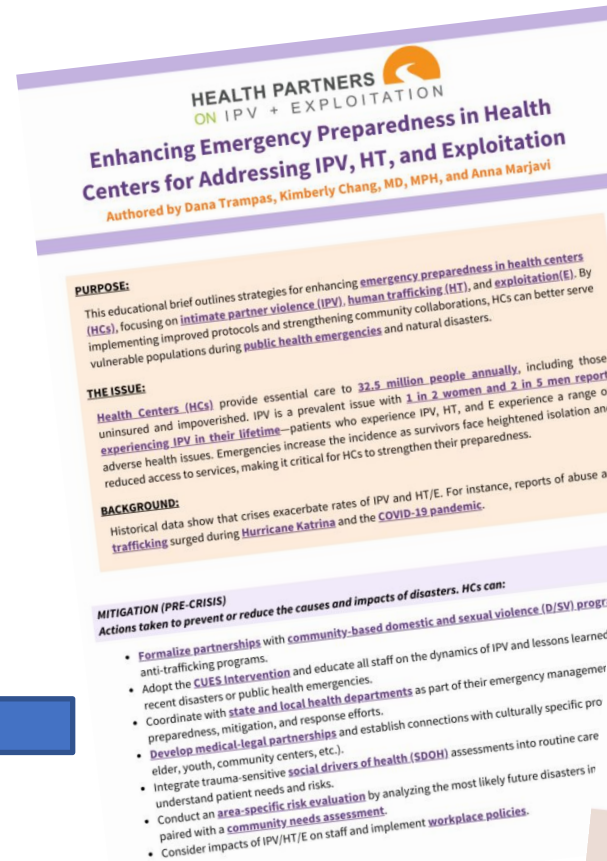
HEALTH PARTNERS ON IPV + EXPLOITATION (Version: July, 2021)

Emergency Preparedness and IPV



Consider IPV/sexual violence and human trafficking when working in areas faced by a natural disaster or public health emergency because of the increased rates of that are known to follow.

Emergency preparedness and IPV/HT/E briefs to inform your organization's systems change.

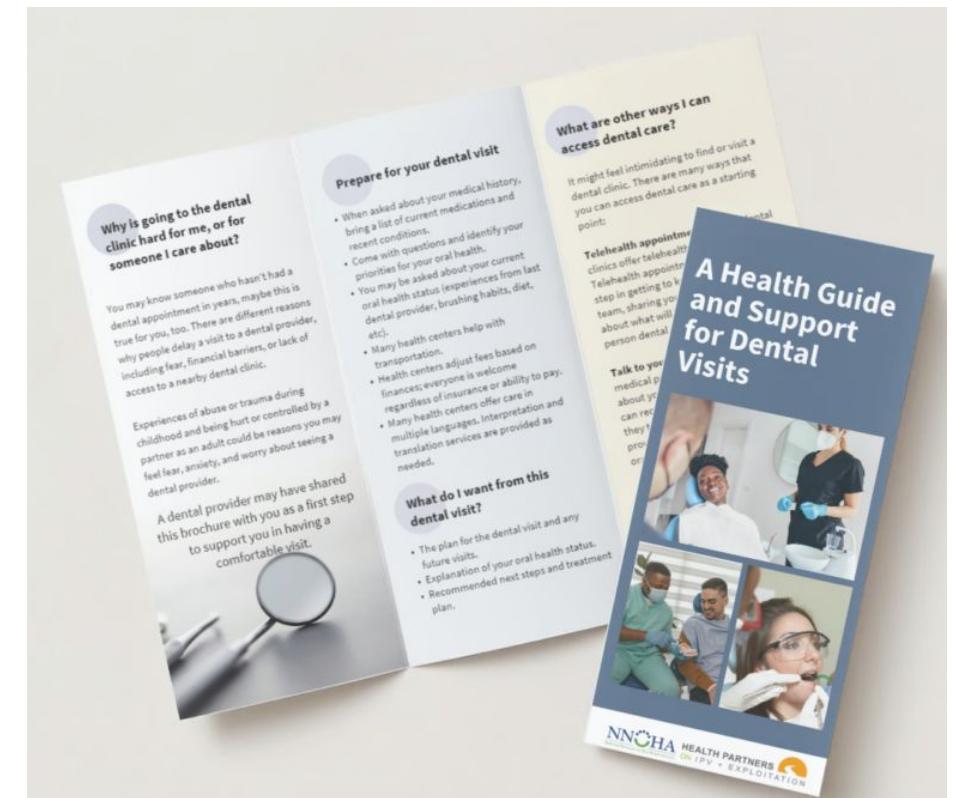


2024

Oral Health Resources

- Guidance for oral health professionals on caring for patients who are victims of IPV/HT/E.
- 2-page guide explains the role of oral health staff in caring for survivors and best practices.
- Brochure can be shared by staff with patients to promote access and more comfortable visits.
- [Webinar](#) showcasing oral health brochure and its importance

<https://healthpartnersipve.org/resources/supporting-survivors-of-violence-and-abuse-in-oral-health-care-settings/>



The Center on Partner-Inflicted Brain Injury Resources

CARE tools at www.odvn.org



Kemble H, Sucalito A, Kulow E, Ramirez R, Hinton A, Glasser A, Wermert A, Nemeth JM. How CARE tools are being used to address brain injury and mental health struggles with survivors of domestic violence. Journal of Head Trauma and Rehabilitation.

<https://www.odvn.org/brain-injury/>

Client Resources:

- Post-Injury Education Card ([English](#))
- Head Injury Education Card ([Eng/Spanish](#))
- [Brain Injury QR code](#)
- [Invisible Injuries Overview](#)
- Invisible Injuries Booklet | ([Eng/Spanish](#))
- Just Breathe | ([English/Spanish](#))

For Service Providers:

- [Partner-Inflicted Brain Injury Promising Practices](#)
- CHATS (2024) | ([English/Spanish](#))
- [CARE Head Injury Accommodations](#)
- [Making Groups Effective for Clients with Cognitive Impairments](#)





- **NYSOCFS website** (www.ocfs.state.ny.us)
 - Domestic Violence link (under “Adults”) includes list of providers by county, DV Annual Report, DV Regulations, etc.
 - Compendium of Bureau Services
- **NYSOPDV website** (www.opdv.state.ny.us)
 - Handbooks, posters and other materials can be ordered , Newlsetter
 - Training and technical assistance information
- **NYS Coalition Against DV** (www.nyscadv.org)
 - Directory of Hotline numbers
 - Training and technical assistance
 - Regional coalition meetings

Health Coverage Enrollment



Did you know? Being survivor of domestic violence is considered a “Qualifying Life Event,” meaning survivors can enroll in health care at any time throughout the year.

Survivors of DV may apply for health insurance through [healthcare.gov](https://www.healthcare.gov) at ANY TIME.

They qualify for a Special Enrollment Period (SEP) because they are survivors of DV

Advocates can help support survivor access to health by asking about coverage needs and making a warm referral to a local health center.



Audience Q/A



**Your questions, thoughts, or
reflections?**



THANK YOU!

To stay involved and learn about
upcoming activities, sign-up for our
monthly digest,
Catalyst for Change, on the bottom of
our website: healthpartnersipve.org



<https://healthpartnersipve.org/>

Please fill out our survey!

Find the survey link in the chat and again at the close of the webinar.

Completing your survey helps us to provide relevant and helpful information. Thank you in advance!



A faint, light pink outline of a heart shape is centered in the background of the slide.

Thank you!

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