



Intimate Partner Violence/Human Trafficking: Building Partnerships Between Community Health Centers And Domestic Violence Advocacy Programs

December 14, 2020

11:00am-12:00pm PST/2:00-3:00pm EST



Futures Without Violence Presenters and Chat

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About the National Health Network on Intimate Partner Violence and Human Trafficking

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The **National Health Network on Intimate Partner Violence and Human Trafficking** is led by Futures Without Violence (FUTURES) to work with community health centers to support those at risk of, or surviving intimate partner violence (IPV), human trafficking (HT) and exploitation, and to bolster prevention efforts.

Key Topic Areas:

- Increasing staff capacity and healing-centered engagement
- Assessment and universal education approaches and tools
- Building health center and community-based partnerships
- Health policy and systems change (including on new UDS measures on IPV/HT)
- Prevention approaches and ways to promote health equity and increase health and safety outcomes for those surviving IPV and HT and exploitation

Learn more: www.futureswithoutviolence.org/health/nationalhealthnetwork

Email: ipvhealthpartners@futureswithoutviolence.org

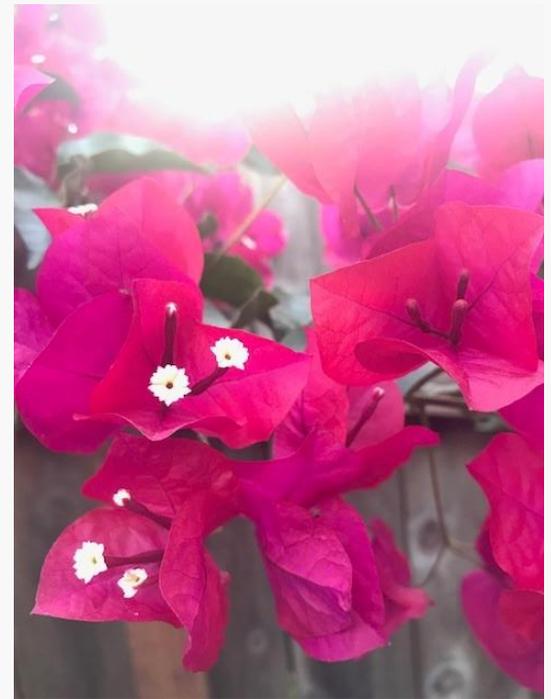


Workshop Agreements

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Because domestic abuse and sexual abuse are so prevalent, assume that there are survivors among us.

- Be aware of your reactions and take care of yourself first (it's ok to step away from Zoom)
- Respect confidentiality
- Audience additions?



Let's Take A Collective Moment to Stop



Self-Care Redefined

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- At its core – self-care is about rituals meant to calm the nervous system
- In “A Burst of Light” Audre Lorde writes, “***Caring for myself is not self indulgence it is self preservation and that is an act of political warfare.***”

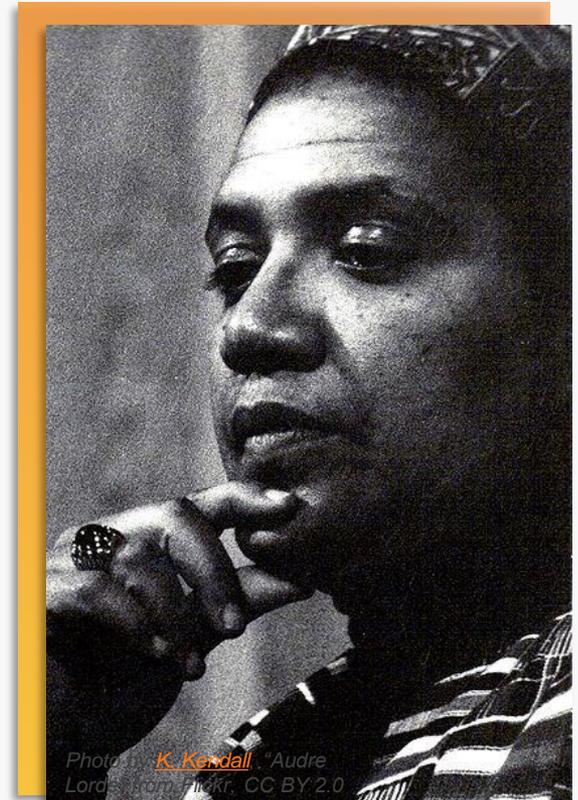


Photo by [K. Kendall](#) of Audre Lorde from flickr, CC BY 2.0



Mindful Self-Regulation

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Examples of mindful self-regulation strategies:

- Breathing
- Grounding
- Self-talk
- Imagery



For short guided videos, see:
Capacitar International

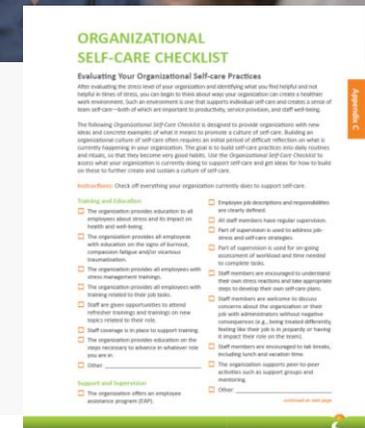
<https://capacitar.org/>



Resources for Supporting Staff

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1. Academy of Medical Royal Colleges: [Reflective Practice Toolkit](#)
2. Workplaces Respond to Domestic & Sexual Violence
<https://www.workplacesrespond.org/>
3. www.IPVHealthPartners.org/covid19
4. Capacitar International: Mindfulness Videos www.capacitar.org/capacitar-videos/
5. *What About You?* A workbook for those who work with others (includes self-care and org-care checklists)
www.homelesshub.ca/resource/what-about-you-workbook-those-who-work-others



Today's Agenda

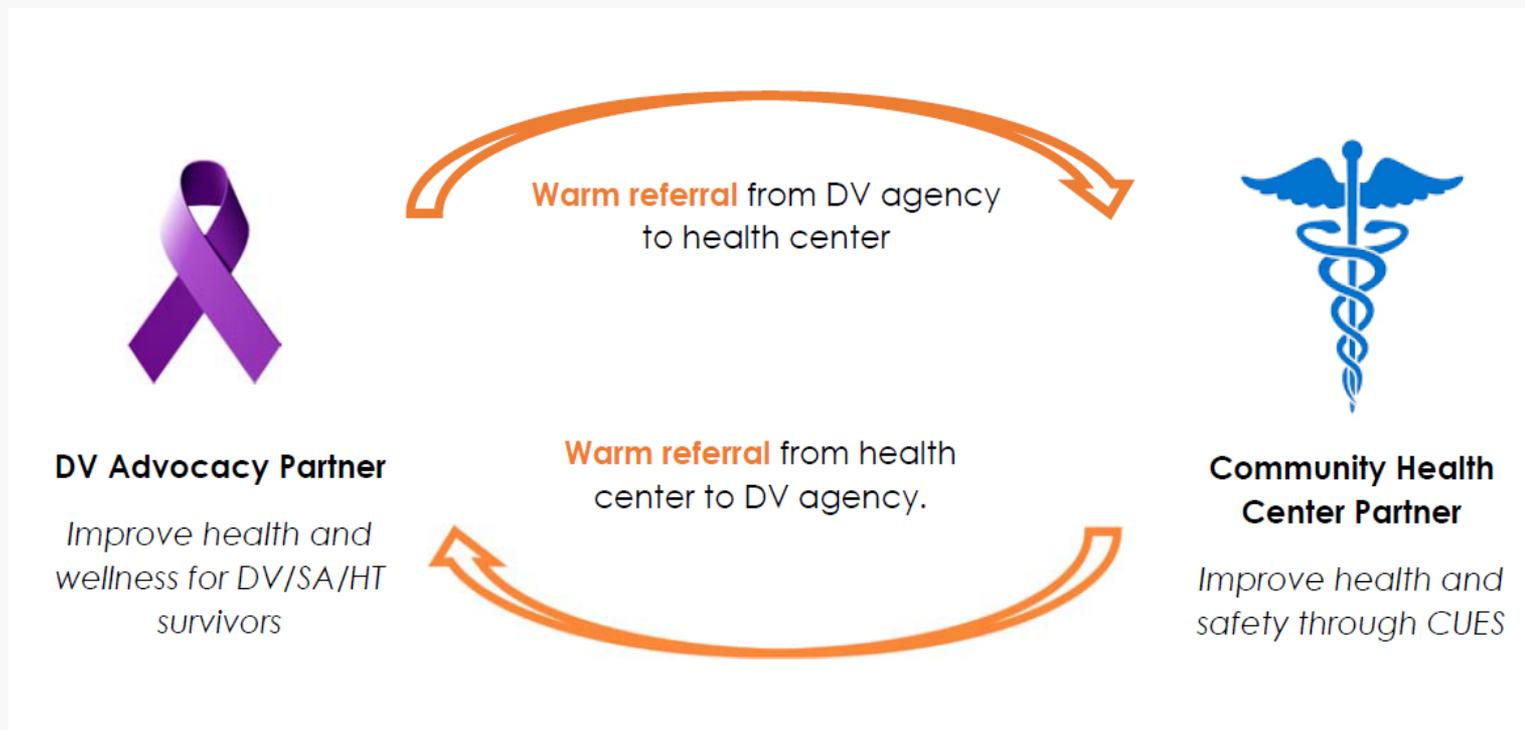
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1. IPV and HT Dynamics and Impacts of COVID-19 on Survivors
2. Goals for Health Centers to Support Survivors of IPV/HT
3. Goals for DV Programs/CBOs to Increase Client Access to Health Centers
4. Building Partnerships between CHCs and DVPs/CBOs
5. Tools and Technical Assistance including MOUs and Toolkits to Promote Systems Change



Local Partnerships are Meaningful

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Download a sample MOU:

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



IPV and HT Dynamics and Impacts of COVID-19 on Survivors



Answer in the chat box

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How is IPV or different dynamics of power showing up in your patients or clients during this time of COVID-19?

Think broadly about power and control relative to COVID-19 and access to health care, or other supportive resources.

What about for parents and their children?



Definitions of Domestic Violence

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- Legal definitions are often more narrowly defined with particular focus on physical and sexual assault
- Public health definitions include a broader range of controlling behaviors that impact health including:
 - **emotional abuse**
 - **social isolation**
 - **stalking**
 - **intimidation and threats**



COVID-19 Survivor Stories from the National DV Hotline

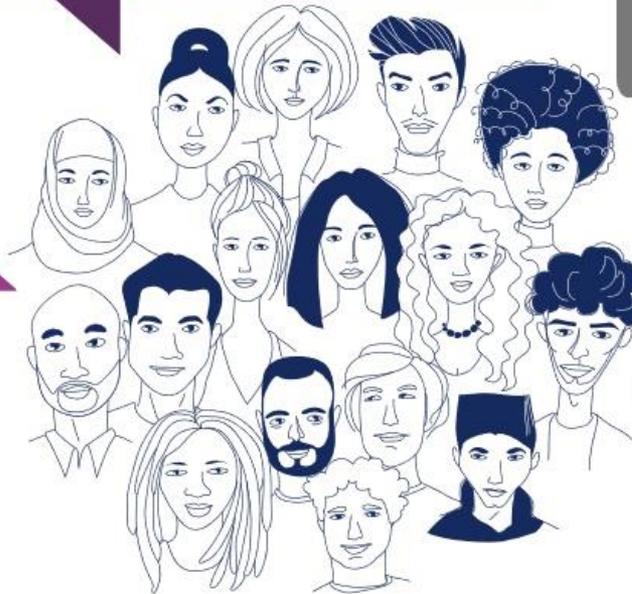
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COVID-19 SURVIVOR STORIES FROM THE LINES

"A caller said they could not file paperwork to remove the abuser from their home, because courts are closed due to COVID-19."

"A chatter stated that they have known for a long time that there were red flags in the relationship, but things are escalating with the pandemic, and they can't even go to therapy."

"A caller was experiencing an escalation of abuse. They had tested positive for COVID-19, and the abuser was using isolation to keep them from contacting family. The abuser threatened the survivor with deportation (survivor is currently in the process of becoming a US citizen)."



"A chatter mentioned that the abuser was using the virus as a scare tactic to keep the survivor away from their kids."



Statistics from the National DV Hotline Callers: March 16, 2020- May 16, 2020

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+9% INCREASE IN
TOTAL CONTACTS
RECEIVED

6,210 TOTAL CONTACTS
ANSWERED
CITING COVID-19

TOTAL CONTACTS ANSWERED

	Phone	35,937
	Chat	24,145
	Text	2,331
<hr/>		
	Total	62,413

90%
EMOTIONAL/
VERBAL ABUSE

61%
PHYSICAL
ABUSE

24%
ECONOMIC/
FINANCIAL ABUSE

16%
DIGITAL
ABUSE





FUTURES
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Exploitation and Human Trafficking Dynamics



Trafficking Federal Legal/Criminal Definition

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Victims of Trafficking and Violence Protection Act of 2000 (TVPA)

- A. Severe Forms of Sex Trafficking:** The *recruitment, harboring, transportation, provision, or obtaining* of a person for
 1. A *commercial sex act* induced by *force, fraud, or coercion*,
 2. Or in which the person induced to perform such act has *not attained 18 years of age*

- B. Labor Trafficking:** The *recruitment, harboring, transportation, provision, or obtaining* of a person for *labor or services*, through the use of *force, fraud, or coercion* for the purpose of subjection to *involuntary servitude, peonage, debt bondage, or slavery*.



Definition of Labor Exploitation

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Labor exploitation: an employer unfairly benefits from employee's work. Labor exploitation is not a legal term—in fact, not all forms of labor exploitation are illegal.

Labor violations: a legal term used when employers violate federal, state, or municipal laws related to worker treatment, workplace safety, or recordkeeping requirements.

Source: <https://combathumantrafficking.org/2020/01/labor-trafficking/>



Definition of Sexual Exploitation

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Sexual exploitation: 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 the sexual exploitation of another.

(World Health Organization)

“**Sexual exploitation**” is a broad term, which includes a number of acts including “transactional sex”, “solicitation of transactional sex” and “exploitative relationship”.

(UN Glossary on Sexual Exploitation and Abuse, 2017)



Health Care's Role

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- Who determines if a patient's experience meets the federal trafficking definition?
- Why a public health definition for exploitation, similar to IPV?



Who is Particularly Vulnerable to Exploitation and HT?

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Who is invisible, or harder to see in your state?



3 D's: Jobs that are Dirty, Dangerous, Degrading



About Domestic/Sexual Violence Advocacy Programs

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Domestic violence and sexual assault programs have vast experiences working with survivors of violence and assist them to identify ways to increase personal safety while assessing the risks.

Advocates connect patients to additional services like:

- ✓ Crisis safety planning (usually 24/hr hotline)
- ✓ Housing (emergency and transitional)
- ✓ Legal advocacy for IPV/HT, family court, immigration, labor
- ✓ Support groups/counseling
- ✓ Children's services
- ✓ Employment support



IPV and HT Overlap and a Case Example

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What are some possible similar dynamics between IPV and HT survivors?

- Physical and sexual violence
- Restrictions on freedom of movement, control
- Isolation
- Financial control
- Intimidation, fear
- Fostering of drug and alcohol dependencies due to their situations

It is not uncommon in federal trafficking prosecutions for the trafficker to be the husband, boyfriend, or romantic partner of the victim.

(Human Trafficking Legal Center, 2018)



Health Care Providers Are Lifelines

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Health providers may be:

- **first** responders for people experiencing IPV/HT
- the only other person your patient is allowed to speak to
- the only kind word heard
- the only access to information on help and safety



Learn More

National Domestic Violence Hotline

1-800-799-SAFE (7233);

TTY 1-800-787-3224

Child Abuse Hotline

1-800-422-4453

Sexual Assault Hotline

1-800-656-4673 (HOPE)

StrongHearts Native Helpline

1-844-762-8483;

<https://www.strongheartshelpline.org/get-help/>

Childhelp National Child Abuse Hotline

1-800-422-4453

<https://www.childhelp.org/hotline/>

National Suicide Prevention Lifeline

1-800-273-8255; <https://suicidepreventionlifeline.org/talk-to-someone-now/>

Substance Abuse and Mental Health

National Helpline: 1-800-662-HELP (5347)

Changing Minds

www.ChangingMinds.org

Futures Without Violence

www.FuturesWithoutViolence.org

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DV Advocates are Lifelines

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DV advocates may be:

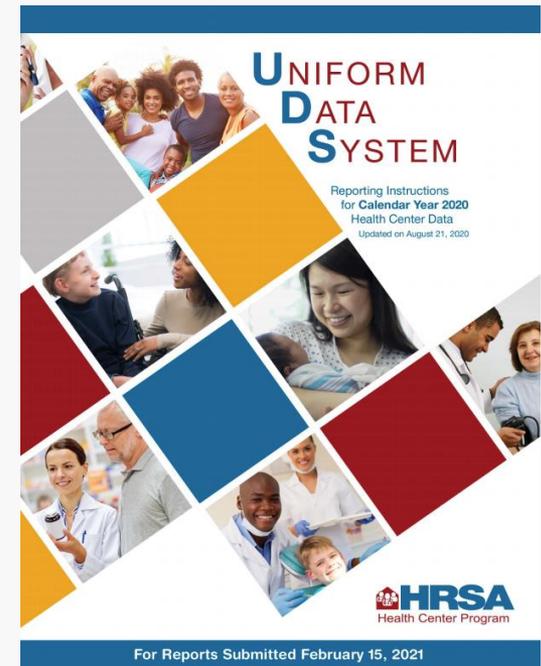
- **first** responders for people experiencing IPV/HT who have limited access to primary health care services
- an accessible resource for clients, including their children, to address their health needs & health care
- An access point for information on health centers and how to get COVID-19 testing (and vaccinations), primary care, and other reproductive/prenatal/HIV care.



IPV and HT recognized in the 2020 UDS

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- HRSA recognizes IPV and HT as complex public health issues
- First time IPV/HT data will be collected in UDS report
- Recommends using ICD-10 codes for data capture



Medical Health Coverage Enrollment

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Did you know?: Being a survivor of domestic violence is considered a "Qualifying Life Event" meaning survivors can enroll in health care at anytime throughout the year.

- ✓ Survivors of DV may apply for health insurance through healthcare.gov at ANY TIME.
- ✓ They qualify for a Special Enrollment Period (SEP) because they are survivors of DV.



DV advocates can support survivor access to health by asking about coverage needs and making a warm referral to the local health center.



How to Establish a Local Partnership

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Identify and consider DV programs in your community as part of your care team!

- Visit the [National Coalition Against Domestic Violence](#) to find your state coalition and local DV program(s).
- Visit the [Rape, Abuse, and Incest, National Network \(RAINN\)](#) to find your local sexual assault service provider program(s).
- Reach out to local program(s), get to know their staff and find out what services they provide.
- Visit www.IPVHealthPartners.org for sample MOUs and partnership tools.

Looking to identify a community health center in your area?

Visit www.findahealthcenter.hrsa.gov



ACF, U.S. DHHS Funded Hotlines

<https://www.acf.hhs.gov/acf-hotlines-helplines>

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800-799-SAFE (7233)
Text LOVEIS to 22522
Chat at thehotline.org



STRONGHEARTS
Native Helpline

844-7NATIVE (762-8483)
Monday-Friday from 9am
to 5:30pm CST
strongheartshelpline.org



800-RUNAWAY (786-2929)
Email: 1800runaway.org/crisis-online-services/
Chat at 1800runaway.org/
Forum:
bulletinboards.1800runaway.org/forum



877-565-8860
www.translifeline.org/

THE **TREVOR** PROJECT
Saving Young LGBTQ Lives

www.thetrevorproject.org
866-488-7386 LGBTQ Youth



Experiences of Partnership Building

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“I [learned] that some of [the] interventions that we do for IPV can also work for survivors of human trafficking. I think I have learned a lot more about community health centers...which I think is going to be helpful in carrying the work forward.”

- Staff member from a DV State Coalition



How do we start to partner?

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1. Determine shared values of the partnership: Why are we doing this? What collaborative efforts have been initiated before (if anything) and what was the outcome?
2. Share information about each other's services: What services do you provide to your patients/clients?
3. How will your two agencies be able to support each other's staff and patients/clients?
4. Decide on shared goals for creating a strong partnership: What do you want to build together?

****see accompanying guiding worksheet****



Case Study: Planned Parenthood Fairfield (PPF) and SafeQuest Solano

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- Clinic staff offered shelter residents (onsite at the shelter once a week):
 - birth control
 - pregnancy and STI testing
 - childhood immunizations
- Advocacy staff conducted in-person support at the clinic for patients who disclosed DV by:
 - safety planning
 - providing shelter

This reduced the clinic staff time and the shelter could count these hours.



Establishing a Memorandum of Understanding

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An MOU between your health center and local DVP can help:

- Establish a formal working relationship
- Create an avenue for bi-directional warm referrals
- Identify strategies to serve survivors more holistically through coordinated care

Find an MOU template here:

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

MEMORANDUM OF UNDERSTANDING

Between [DOMESTIC VIOLENCE/SEXUAL ASSAULT–DV/SA AGENCY] and [HEALTH CENTER]

This agreement is made by and between [DV/SA Agency] and [health center] to [state purpose of the MOU or project, i.e. to strengthen relationship between parties, to strengthen capacity for each entity, etc].

[Use this space to provide a brief description of each partner agency].

The parties above and whose designated agents have signed this document agree that:

- 1) Representatives of [DV/SA Agency] and [health center] will meet each other in person at least once to understand the services currently provided by their respective programs and to discuss needs/goals and next steps.
- 2) Representatives of [DV/SA Agency] and [health center] will continue to meet between [date] and [date] [list frequency and meeting location].
- 3) [Health center] will hold the following roles and responsibilities: [list the responsibilities and role of the health center—i.e. training DV/SA advocates on the health impact of abuse or clinic services; serving as a primary health care referral for clients referred by the DV/SA program; drafting and reviewing IPV policies and procedures; offering health education or resources to clients in the DV/SA program, etc.].
- 4) [DV/SA Agency] will hold the following roles and responsibilities: [list the responsibilities and role of the DV/SA agency—i.e. training health center providers and staff; serving as a primary referral for health center patients in need; drafting and reviewing policies and procedures; offering DV/SA advocacy support onsite at health centers; tabling materials/resources at health fairs or other health events, etc.].
- 5) [Health center] will provide the following resources: [list resources that the health center can bring to support the project's efforts—i.e. additional staff time; materials; office space for advocates co-located at the health center; funding; key contacts; condoms or other reproductive health support, etc.].
- 6) [DV/SA Agency] will provide the following resources: [list resources that the organization can bring to support the project's efforts—i.e. additional staff time; materials; key contacts; funds, etc.].
- 7) [DV/SA Agency] and [health center] staff will develop an evaluation plan to measure the success and challenges of the project [i.e. implementing the QA/QI tool every six months to measure progress; other measurable outcomes such as referrals made; client/patient satisfaction surveys; provider/staff training evaluations, etc.].

We, the undersigned, approve and agree to the terms and conditions as outlined in the Memorandum of Understanding. This agreement will be valid from [date] to [date], and may be renewed at the end of this period if both parties agree.

By _____	By _____
Name _____	Name _____
Title _____	Title _____
Health Center _____	DV Program _____
Date _____	Date _____

This MOU template was developed by the National Health Resource Center on Domestic Violence, a project of Futures Without Violence. For more tools visit: www.IPVHealthPartners.org

**FUTURES
WITHOUT VIOLENCE**

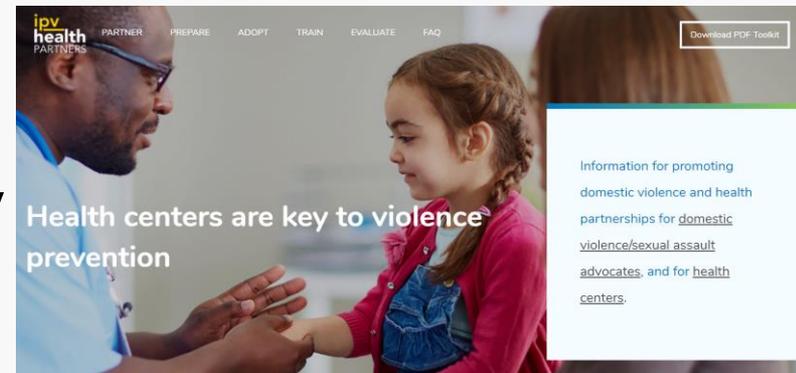


www.IPVHealthPartners.org online toolkit + CUES

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Guidance on:

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



+ New guidance on COVID-19 and telehealth support

<https://ipvhealthpartners.org/covid19/>



Webinar Recording: Addressing IPV and HT in the Health Center Setting

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- Describes an evidence-based, trauma-informed intervention for IPV/HT (“CUES”)
- Reviews the newly included UDS data elements designed to capture IPV/HT
- Outlines considerations for privacy, safety, and equity virtual platforms
- Features promising strategies on how to utilize health IT to support quality clinical care and data collection for IPV/HT



Link to recording, slides, and transcript:

<https://hiteqcenter.org/Resources/HITEQ-Resources/ArtMID/718/ArticleID/1742/preview/true>



Upcoming Webinar!

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“Increasing Staff Capacity to Respond to IPV/HT During COVID-19”

- **Date:** January 20, 2021
- **Time:** 9am-10:30amPST/12pm-1:30pmEST
- **Registration Link:** https://us02web.zoom.us/webinar/register/WN_EmyxdT-vTeCzD4MLSSXr_g

Visit the [National Health Network website](#) to find more information on upcoming webinars and learning collaboratives:

<https://www.futureswithoutviolence.org/health/nationalhealthnetwork>



National Health Network on Intimate Partner Violence and Human Trafficking

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Spaces are still open!

Healing Centered Engagement for Patients Experiencing Intimate Partner Violence

A Learning Collaborative

Dates: December, 2020 – January, 2021

Who: Open to community health centers and partnering local domestic violence advocacy programs

- *You've already completed the first activity! Today's webinar. 😊 Three additional activities are planned for January, 2021.*

Please email: ipvhealthpartners@futureswithoutviolence.org

by Wednesday, December 16



Additional Upcoming Learning Collaboratives

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1. February - April 2021: [Adapting and Formalizing Health Center Protocols on Intimate Partner Violence and Human Trafficking in Partnership with Community-based DV Programs](#)
2. February - April 2021: [Strengthening Patient and Provider Responses to Intimate Partner Violence and Human Trafficking](#)
3. April - June 2021: Support Inclusive Recovery— Addressing the Intersection of Gender, Behavioral Health Services, IPV and Homelessness

Visit: <https://www.futureswithoutviolence.org/health/nationalhealthnetwork>

Please email: ipvhealthpartners@futureswithoutviolence.org



Questions? Ideas? Comments?

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Type in the Chat Box



Defining Success

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





National Network on Intimate Partner Violence and Human Trafficking

Email: ipvhealthpartners@futureswithoutviolence.org

Visit: www.futureswithoutviolence.org/health/nationalhealthnetwork

