



Building Collaborative Responses with Community Health Centers to Support Survivors at the Intersection of Domestic Violence, Sexual Assault, and Human Trafficking

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Webinar Captioning Script

[THE FOLLOWING TEXT IS THE BYPRODUCT OF THE CLOSED CAPTIONING OF THIS BROADCAST. THE TEXT HAS NOT BEEN PROOFREAD AND SHOULD NOT BE CONSIDERED A FINAL TRANSCRIPT.]

Hello, everyone. Welcome and thank you for joining. My name is Monica Arenas from futures without violence and we're hosting today's webinar on building collaborative responses with community health centers to support survivors at the intersection of domestic violence, sexual assault and human trafficking. Thank you, everyone for participating.

Today's faculty includes Dr. Kimberly Chang, and Anna Marjavi and they will introduce themselves in a minute. We also have Jennifer with logistics and technology and two interpreters from Heartsong interpreting will be providing sign language interpretation. And also captioning is also available.

Thank you for your presentations and being part of this webinar.

So now we will go to the next slide. You will listen to audio through the phone or through the computer. All participants are muted upon entry and the chat box may be used for questions and comment and don't forget to select all attendees and panelists. This webinar is being recorded and the recording will be mailed to participants or posted on the website as well.

Captioning is available, as I mentioned, and sign language and the next slide, we have this webinar is part of a project called building collaborative responses to trafficked victims of domestic violence and sexual assault supported by the department of justice, office on violence against women. And this project is part of -- as part of this project, we provide technical assistance and support and resources that we will share at the end of the webinar as well throughout this webinar.

And the next slide we have that information with a link to the website and also our contact information. And now, briefly, we will have a little bit about the logistics on the sign language interpretation.

>> Thank you. Now I will turn it over to Anna.

>> Thank you, and thank you to our captioner and other ASL interpreter. Good morning and good afternoon based on where you are. We have folks from all over it looks like in the chat and welcome. I am broadcasting from San Francisco, which are the native lands. My name is Anna Marjavi and I direct our project health partners on IPV and exploitation and I'm joined today by Dr. Kimberly Chang who is a key consultant that works with futures and particularly on our trafficking and health center responses and I'll turn it over to Kim to introduce herself.

>> Good morning, everyone or good afternoon. I really wanted to say thank you and I appreciate you all for taking the time to be here. You could be doing anything else but you're here with us today. So we appreciate your one and a half hours of attention and participation. I am a family doctor at a community health center in Oakland California called Asian health services and I am taking care of patients at risk of imminent partner violence and exploitation and human trafficking as well as survivors for about almost two decades at this community health center. I love this work. I love all of you. I love all of our colleagues in the task forces and the coalitions that care for our patients at risk of being exploited and vulnerable to violence. Thank you for being here with us today and I'll turn it back over to Anna.

>> Thanks. So today Dr. Chang and I will share strategies to build collaborative responses with community health centers in particular to support survivors at the intersection of domestic violence, sexual assault and human trafficking. Next slide please. And just an acknowledgment that the topics that we're talking about today are prevalent. They impact many of us personally, professional and so assume that there are survivors among us and just be aware of your reactions, take care of yourself. Sometimes stepping away, getting a drink of water or fresh air. So just give yourself permission to do what feels right for you as things may come up as we talk today. Next slide please. So looking at our agenda we'll begin and then we'll look at the health impact and health needs of survivors of domestic violence and sexual assault who are also experiencing trafficking. We'll consider the role that health care providers can play to prevent and respond to survivors and really seeing them as allies to all of you and the support that you offer survivors. We're going to define what a community health center is, what makes it so unique and why partnering with community health centers can really increase access, health access for clients that you're working with. Next we're going to identify some strategies to help build these collaborative partnerships between all of your various program advocacy, legal, criminal, other social service organizations and community health centers. And lastly, we're going to share some tools and resources to help promote the partnerships and support the clients that you're wing with.

Next slide please. So why health?

I think for many of you working on trafficking or violence and trauma for some time, I think we recognize that many survivors have not received health care in a long time or maybe they have been more concerned about their children's health and have had other priorities and maybe because of the control they have experienced they may not have access to health care for a long time and thinking about COVID and how isolated

some folks have been, they may have even more emergent needs in terms of getting to see health care so we know that taking care of health is an important part of safety planning and healing and wellness is important for all of us in our lives, especially as we're navigating changes and making big changes. We need to feel healthiest. So today, as part of our exploitation, we know that traffic and exploitation has serious health impacts and advocates and others of you that work with clients are in a unique position to intervene and to support that health access. You can help improve your client's access to health care which includes them having a medical home, a place where they can receive primary care services. They're not just relying on emergency services, for example. Also connect them to vaccination services and others that we'll talk about today. We also see this as a holistic approach to healing and support and of course there's other modalities, you know, other kinds of support that you may lift up including Doulas and other kinds of support in addition to primary health care services and today we're looking at an opportunity to deepen partnerships with community health centers and especially now during COVID. So with this survivors can be more present and engaged in their advocacy or other supportive services that they're undertaking. Next slide please.

And this is a really opportune time and it's worth mentioning that there's a lot of resources coming down from the federal level to support the American rescue plan and to increase access for folks around testing, vaccinations, and COVID health care. And these are coming now to -- very soon to domestic violence programs all across the country, through the family violence prevention and services act which is awarding \$550 million to their grantees just to support COVID-19 and other kinds of health care support including mobile health units for millions of domestic violence survivors nationwide.

So just know health centers are receiving APR funds, domestic violence programs are receiving APR funds and there's a lot of overlapping goals in terms of increasing health access for folks and reaching folks who are more isolated. So it's a really important time to link up and collaborate around these partnerships. Next slide please.

So when we think about a human trafficking collaborative. Many of you are sitting around the table, most of whom are reflected on this slide.

Substance abuse programs, legal services, housing programs, work force development programs, child welfare or advocacy programs, law enforcement, social services and domestic violence advocacy programs. Each of you, as an individual organizational entity has an opportunity to partner directly with a community health care center. Both to provide referrals for your clients to access health care services but also for your own staff that may not receive medical benefits or who may be underinsured.

Community health center is another place for your staff to receive health care and support.

So we'll talk more about that.

But just consider these collaborations both as a whole and individual agreements that you may also have within your organization. Next slide please.

Now we'll move into a discussion on intimate partner violence or domestic violence during COVID-19. Next slide. So according to the national intimate partner and sexual violence survey, one in four women and one in nine men will experience IPV in their lifetime. The highest percentage of women impacted are ages 18 to 24 and many of them are mothers.

So we're also thinking about opportunities to connect with these folks in particular. We also know that rates also LGB, lesbian, gay and bisexual communities and physical and sexual violence are higher for trans folks. You can see on the slide that 34% of trans individuals reported lifetime physical abuse and 64% reported experiences of sexual assault.

And in rural settings the rates can be even higher and when we're thinking about perinatal patients, it could be as high as 1 in 2 folks post pregnancy. So you can see, this is an issue that affects a broad swath of folks. It really impacts everyone. Next slide please.

This is data from the national domestic violence hotline. It was for a window last year where they were able to survey the callers calling in. During this time there was nearly a 10% increase in total contact. And that's less proximity to supportive networks, friends, and other programs that are often helpful for folks. You can see that the overall number of phone calls, online chats and texts here on the slide increased and about 90% of the folks that called were experiencing emotional and verbal abuse and 61% experienced physical abuse. As well, economic abuse have been reported because of COVID. You can learn more about this on the national domestic violence hotline website. So I'll turn it over to Dr. Chang who is going to tell us more about human trafficking and exploitation definitions and prevalence. Next slide.

>> >> Great, thank you, everyone. Thank you for that overview. I'm going to go over basically the human trafficking definitions of exploitation and I know many of you already know these definitions. We're going to review it because we're going to expand the definition to exploitation particularly as you think about including health care and community health systems into your collaborative responses. So the learning points that we want to give you when thinking about trafficking and exploitation are that it's really common. It overlaps with domestic violence and people are vulnerable. You heard from Anna in previous slides that people are particularly vulnerable during COVID. There's a lot of job losses. Exploitation is going up. Billionaires made 70% increase in their wealth, but regular people, working people have not so as a result this is showing up more and more within our patient populations and our clients. Also survivors don't identify necessarily as being trafficked and they really rely on you for support. So working with an advocate can be transformative. Really transformative in a client's understanding of their domestic violence or human trafficking experience. So those are the main points that we really want to impart. Next slide please. So just an overview, in the year 2000, congress passed legislation legally defining human trafficking through the victims of trafficking and violence protection of act. Many of you have heard of it. Many of you know these definitions, in and out. So in this legislation, human trafficking is defined as a crime. And it established why types of crimes are able

to be prosecuted. What are the definitions under federal law that have -- that have ability to be prosecuted under federal law?

First it's labor trafficking which is the recruitment, harboring, transportation, provision or obtaining of a person for labor or services through forced coercion for these purposes of involuntary servitude, and B, it's important to know that the law only provides legal remedies for severe forms of sex trafficking and severe forms of sex trafficking are defined as recruitment, harboring, transportation provision or retaining of a person through a sex act through forced broader coercion or a sex act in which the person isn't yet 18 years old. So in the child or youth category, process cue TORS don't need to prove any forced coercion but it is important in this legal definition, legal criminal definition for us to note that this regards severe forms of sex trafficking. In health care, we want to broaden that definition because we take care of people and also in your collaboratives or coalitions you take care of clients that may be experiencing non-severe forms of sex trafficking as well. So since the criminal legal definitions are narrow in a sense or legal remedies, in public health and in health care we're looking at a broader experience of the patients and clients on how exploitation can impact their health. So let's, you know, let's turn to the broader definitions of exploitation and look at what is labor exploitation?

Next slide please. Now this is from our friend in Colorado. I saw there was an attendee here.

Thank you for this work that you have done. When we think about labor exploitation, it's the broadest term. It occurs when an employer is unfairly benefitting from their employees work.

Fairness is subjective so different people have different definitions of what constitutes exploitation. It's not a legal term. Not all forms are illegal.

Labor violations, the second box in this diagram here, it's a legal term. So that is used when employers violate laws with work place safety, recordkeeping, compliance regulations, labor violations could include paying wages below the required minimum wage. Nonpayment of overtime wages, illegal deductions from workers and classification of workers for tax purposes or for limiting benefits to, woman standers -- workers so this excludes workers in certain industries, also. For example, not everyone is entitled to the same standards and protections.

For example, one important point is that farm workers are excluded from many federal state and labor law detections and even in some cases minimum wage protections. So when we think about labor exploitation, and the health care intersection and the health impacts you can see that people can still have health impacts. Negative health impacts because of labor violation or exploitation. They still require our help. They may not fall into the criminal definition of human trafficking but they still have the health impacts.

Next slide please.

So let's look at sexual exploitation. This is defined as actual or attempted abuse of a position of power, vulnerability or trust for sexual purposes and it includes profiting monetarily, socially or politically. It can include coercion from employers or the work

place. Coercive rent, debt exchange. Trading drugs for sex or trading sex. And this is a very broad definition as well.

For example, if they can't pay rent or they're in need of shelter. So I want you to think about not just sex trafficking but sexual exploitation and who might be vulnerable to sexual exploitation. Next slide please.

When we look at volunteer interactions with health care, while they were being trafficked almost 88% of them have come into contact with a health care provider. 57% of those survivors had interacted with the clinic and none of those had been asked by their health care provider or been given help for the experiences that they had regarding this human trafficking. So another study -- what kind of health care professionals do survivors see when they're seeking health care?

Another study showed the types of providers seen by specialty and you can see in this graphic community health centers provide care in all of these specialties with urgent care being a proxy for emergency care. So to me, it's clear that health care has an important role to play in addressing human trafficking and exploitation. And that we can be a collaborative partner to you in your work as you provide advocacy and social services and legal services and for your clients. So as we go through the session we'll discuss the health impacts. Next slide please.

You may already recognize that there's physical impacts but think about the negative impact on mental health and substance use coercion or disorders or relationship difficulties or difficulties interacting with different systems, health care, criminal justice, social services.

>> Okay. Thank you. So think about injuries or health impacts that aren't visible to be seen, mental health impacts, substance use coercion or disorders and relationship difficulties, difficulties interacting with different systems. Trust issues with different systems.

Some of these reason clients you may consider to be the most difficult or noncompliant or in medicine we say non-adherent. May be experiencing violence or trafficking. Next slide please.

17% of abused women reported that a partner prevented them from accessing health care. This is compared to 10% of not abused women. These statistics really reinforce how it is important for you and your coalition in your task forces to address health needs and legal services for help. It might be the first time in a long time they had access to services and so you folks are in a unique position to intervene and get them access to health care to reduce consequences for experiencing violence and abuse.

You're very important for their long-term healing. I think that you already know this, but I just want to emphasize how important for our patients that we see. Let's turn to a chat box exercise for participation. I think Monica is going to help us to facilitate this. I want to know -- I would like you folks to type into the chat boxes how do you think domestic violence, sexual assault, and human trafficking or exploitation impacts health? I mentioned a few brief things earlier, but think about your clients or your patients if you're in health care and type into the chat box what you think.

>> Both physical and mental chronic pain. What else do we have here?

PTSD. Sexual reproductive impacts. Constant stomach pain, regulation of nervous system, higher rates, mental health impact, long-term care needs.

Mental health behavior risky behavior, fear, preventive care.

Toxic stress, and low self-esteem. Diabetes. There's a lot.

>> There are a lot. Exactly and this goes to the point. You folks see it. You folks see it in your client's day in and day out and the work that you do and you see it. And you don't have to be a doctor to recognize these issues. There are also some answers in in the Q and A section, somebody wrote auto immune diseases, for sexual assault survivors can this impact sleeping concentration. So do you want to keep going?

>> No, probably go to the next slide where you highlight. Yeah and there's -- you folks got it all. And the next slide. You folks recognize that there's long lasting health consequences for intimate partner violence and sex trafficking in addition to physical injuries and these health consequences can persist even after the abusive relationship or exploitation situation has ended.

So even though these specific health consequences -- these are what, researchers? What research has spent a lot of time publishing and showing that these are health consequences, more than just physical injury?

There's really a number of impacts. So next slide. So one of the most serious health impacts is traumatic brain injury and strangulation. Women who experience intimate partner violence had a traumatic brain injury do to a physical assault and 2-thirds have been strangled at least once with 5.3 times being the most average. Per victim. Some of the symptoms are headaches, fatigue, memory loss, depression, communication difficulty. Strangulation is one of the most common forms and nonfatal strangulation is an important risk factor for homicide of women underscoring their need to be screened either in your settings or in health care for history of nonfatal strangulation when they come in if we have a history of intimate partner violence or exploitation. We can think of the recent case of the young woman Gabby Petito who was a victim of a strangulation homicide. Next slide please.

Some of these are a common forms of physical violence. Sometimes you can't see physical signs or symptoms. It's a strong indicator for homicide or re-assault. They're not always painful or -- they're not always painful but can leave marks or break blood vessels within the eyes so think about it when you're seeing your patients.

Victims can also die from a traumatic brain injury hours or days after the assault and it only takes four pounds of pressure or ten seconds to make someone unconscious and potentially leave permanent brain damage. I want to point to at the bottom right of the screen, see HELPS screening tool for traumatic brain injury. You can google that and that is a screening tool that you can think about incorporating into your services. Next slide please. Anna.

>> Thanks. You just heard Dr. Chang discuss the prevalence of strangulation and it's impact on survivors and we wanted to take a moment to spotlight and high right some work coming out of Ohio. We worked with this team, the state leadership team as part of project catalyst and the Ohio domestic violence network is home to the center on partner inflicted brain injury which is raising awareness on the emerging areas of TBI

caused by domestic violence including injuries caused by strangulation. So on the screen, you can see a few of their key resources that might be helpful as you work with clients on this. Included is a brochure.

Has your head been hurt which is a tool for clients to recognize the effects of TBIs and strangulation on their body?

They also have a booklet providing suggestions for safety planning and care after a brain injury and lastly they have a wellness guide called just breathe which helps survivors heal from trauma including symptoms of PTSD and emotional distress. So definitely check those out. I put the URL into the chat box. And that's just some great work coming out of the Ohio network, the coalition there.

>> We talked a little bit earlier about intimate partner violence and there's a connection between trafficking and substance use. So when you think about it, there's a linkage between violence and substance use. Of course.

Because substance use is a way of coercing people in intimate partner violence relationships or those that are being exploited. There are also --

it's also a fact that women using can be more susceptible to violence when they're under the influence of opioids. Next slide please. So, you know, the previous slide, you heard that substance use is another way that abusive partners can exert power and control. Well, let's look at the results of this really large survey of 3,380 people through the national domestic violence hotline and the national center for domestic violence trauma and mental health. Note that the role of substance use in abusive relationships can take many forms as you see on this slide.

Hotline callers noted that because of their partner, 27% were pressured or forced to use alcohol or other drugs because of a partner or ex-partner, 24% were afraid to call the police.

Because of their partner or ex-partner, 60% tried to prevent the victim -- prevent or discourage them from getting help. And because of their partner or ex-partner, 37.5% of the victims were threatened by their partner or ex-partner to report their alcohol or other drug use to somebody in authority to keep the victim from getting something they needed or the help that they were seeking. So that's a really powerful way of exerting control over your patients and clients.

Next slide please.

So the whole part is to talk about how we can be better partners. It's used as a way of controlling victims. How can health centers help?

For many shelters there's sometimes a caveat that you can get shelter if you're in treatment for your substance abuse issues. Some health centers have Suboxone treatment or medical assisted therapy.

They have counselors on site.

And this can help clients seeking shelter from abusive relationships when they have substance use disorders as well.

It's important to think about how you can make the partnerships to support your clients and we want to be there to help. We want to be there to help communities. Next slide please. So this looks at survivors and the overlay of issues that they're grappling with

in the mental health and community cities. I know that we throw this around. Patients who have PTSD can't sleep, they can't really -- sometimes don't have attention or concentration difficulties, they have flash backs, nightmares, they have very visceral and somatic reactions to the trauma that they experience. So it's not just, you know, this label PTSD, PTSD but it's really an experience that people have, recurrent as the process and experiences of violence or exploitation. And you can see there's the substance abuse in the community settings. Next slide please.

>> Just as a snapshot, what we're looking at is a collaborative study that was done in orange county California in 2017 to look at the overlap between mental health, substance abuse and intimate partner violence and why it's so important to offer them on the left hand side of the slide, you can see that almost a third of folks could not afford services.

For some, 15%, there was a waiting list. For 13% they could not get away from their violent partner to access their services and for 13% it was a lack of transportation. We're going to be talking about the enabling services that health centers offer which include transportation support and also fees in terms of affordability.

On the right hand side, under the substance abuse services, a quarter said that there was a waiting list. 13% were able to take time off work to access the services. So recognizing some of the barriers lets us identify the opportunities to reduce some of these barriers. And they offer a lot more entry points in terms of lower cost and interpretation support as well.

I think right now this was done in 2017. We're seeing a high demand for mental health services. And certainly health centers do still offer those kinds of support.

It could be a lifeline to your clients and to their patients.

Often times, health care providers are first responders for people who are experiencing domestic violence, sexual assault or trafficking as you saw from the graph that she shared earlier, a lot of people do access health care services when they're experiencing domestic violence and sometimes the only other person is the health care provider and certainly, we saw that telehealth visit. Sometime that was the only connection that they had with the telehealth visit. Sometimes these providers are the only folks imparting kind words and positive hopeful messages to the folks that they're working with. Which is really important as a survivor when you're making change and looking for resources and information. It's really important when you're validated in terms of what is going on and you're supported. And sometimes health care providers are the only access they have for key information on supportive services, advocacy programs, safety planning, how to get in touch with key resources, like you all so really think about the opportunities to bring you in and that's where survivors will first connect in terms of identification. Next slide please. I'm going to hand it over to Dr. Chang who works at the community health center and does different national leadership and tell you more about why these entities are unique.

And health care services in your area, it may be one of the partners, and I'll turn it over to Dr. Chang. I am working at a community health center for the past almost two decades and I love community health centers.

Let me tell you why. One of the first things that I learned about community health centers that doesn't exist in any other health care system here in the United States is that our board of directors, okay, so we're all 501C3 nonprofit organizations. One of the most important things that we are mandated to do, to be a federally qualified health center is that we must have a board of directors that is 51% so majority board of directors that are patient over system. So why is this important? This is important because of the board of directors are our bosses. And basically they have the power to direct what kinds of issues that we're responding to. Of course we have to do our primary care and our comprehensive medical care but we have to really attend to the needs of the community. So I'll get back -- I'll get into that a little bit in a couple of slides. But, you know, overview of community health centers are, we serve primary care that is from womb to tomb, cradle to grave. 51% of the board of directors of the organization.

The board of directors in government structures of organizations is the people that hire and fire the chief executive officers. Okay. So we provide primary care services, all ages, ranges, chronic illness, urgent care, and created mental health and school based programs, a whole host of health care services. We do that with high quality. We have a lot that we have to meet and administrative financial and clinical compliant requirements.

It's high quality care and also we're supposed to be located in medically underserved areas or medically served populations.

There's a big push toward health equity and we are a part of that.

We always have been over 50 years ago during the civil rights movement. Next slide please. More points about community health centers are that we provide things called enabling services. They are services that help or enable them to access health care services or medical care services. For example, health education, helping a patient understand what does it mean to have diabetes?

Or what does it mean to have post-traumatic stress disorder.

What do these diagnosis mean? We give it and interpretation is verbal so we have interpreters.

Pre-COVID. But a lot of the interpretation during our visits is over the phone. We have transportation. That's another enabling service. Services that enable the person to access health care. Another important enabling services is a medical legal partnership. How many of you knew that?

Medical legal partnerships are one type of enabling services that some health centers have for their patients. So this is important to respond to the unique needs of diverse and medically underserved populations. Those are people that are homeless and residents of public housing. Next slide please. We're located in every single state and District of Columbia and we serve 29 million patients nationwide. Medically underserved areas or medically underserved populations. I love health centers. I think you can hear it in my voice. During COVID there's been a big push and we have been there to respond to the needs of the country. And 67% of those were to people that were racial and ethnic minority. So thinking about that health equity lens and people

that are vulnerable, we're meeting the needs of underserved populations nationwide. Next slide please.

>> And anything to know and consider. Many have health enrollment specialists called patient navigators. They may have a different name based on the health setting but they have an important role. They can be your liaison in terms of helping folks identify what their eligibility is and health care coverage might look like and helping them enroll and complete the forms and not only for themselves or children and folks that experience interruption in their health care services and especially if they're separating from a partner and maybe their partner provides those benefits, there might be an introduction in terms of their coverage, especially if they're going through a divorce. So health enrollment specialists are just very helpful in terms of consulting and letting clients know what is available to them and helping them get connected and they can do it when they tell your folks more about what they offer and what's available to them and their children and then give them the sense of the eligibility and how to sign up. So just know that as you make those connections, health and wellness specialists are your allies in this -- in connecting with your clients. Next slide please. You and anyone can enroll in terms of receiving health care through the program, it's a qualifying life event meaning survivors can enroll in health care at any time throughout the year. So open enrollment for the general population ends January 15th of next year and just to know that as you're working with clients and survivors overtime and across the year, they can enroll at any period through the special enrollment period because they are survivors of domestic violence. We have more information on our website at futures about this but it's a helpful thing to know as you look to connect people throughout the year. Next slide please. So I think you heard us really talk about the opportunity to develop these meaningful partnerships between your organizations, whether it's domestic violence advocacy program or legal services program, child welfare, et cetera. And your partnership with community health centers.

We have a sample MOU that you can adapt and as you think about expanding information and training your broader staff around this partnership. But really, the value here is not only in the referrals that you make for your clients to give them access to the community health center but also how the community health center is getting warm referrals and improving access to all of your programs. So it's that relationship. Really learning about what you both offer, the unique resources, how to reach each other. So these are also really important referrals for folks on a personal level as well. So check that out. We see the tool kit for more information and for that template. I'm going to hand it over now to Kim who is going to tell you more -- next slide please, about a case example stemming from some of the work here in California. They are a big part of this coalition and to give you ideas of how you can incorporate health care as part of your responses and part of the work that you do. So the coalition to end human trafficking is located in Santa Clara here in the southern Bay of northern California. They initiated on a collaboration with the Valley homeless health care program which is part of the health center program. Thank you for your work and what they did with the Valley homeless health care program was provide development for organizational

protocols, outreach tools, clinical protocols for documenting and the health record for people who have been exploited, trafficked or involved experiencing violence in some way. They created this strong partnership with their coalition and the health center so strong that, in fact, you know, the criminal justice sector built a lot of trust and they got a direct connection between the Valley health care, homeless health care program and the San Jose police department's human trafficking unit. When we have systems that have strong relationships and ties, we are better to support our -- we are better positioned to support our clients and our patients with that safety net to meet any of the needs that they might have. They also convened the no traffic ahead conference which was a regional work group.

>> I'm just going to jump in for a second. Can you mention about undocumented survivors and whether they qualify for health services?

>> Yeah. Absolutely. We see everybody. I have a number of undocumented patients. But it's not a requirement to be documented to receive services at a community health center. We might ask in terms of trying to get patients eligible for different insurance plans or health plans but we see everybody. We see everybody, whoever comes through our doors, we can see you. Did that answer your question?

I know there's a lot coming through the chat. Enabling services are available to all patients who are enrolled in community health centers.

>> I see a chat from Linda. You put in a document that undocumented persons never qualify subsidized health care insurance. That may be true for health insurance but every state and every county is different.

Here in California, we do have a program so that's not health insurance per say but it's a way to provide subsidized health care coverage for patients who are undocumented here. So it's a little bit -- I see what you're saying, Linda, but every state and every county is probably a little bit different and that might be the case in Florida. Probably is the case in Florida. So what do you want to do?

Do you want to move on?

>> One last thing around undocumented folks. In terms of COVID-19 vaccination support and testing, anyone can receive those services. Do you want to go to the next slide example?

We have another example and I love this example. One because I was part of it. But it's a really great example of the criminal justice sector where they're taking initiative to include health care to their responses. Heat watch was established by our district attorney here and it was a county wide collaborative strategy and multisystem approach to combat exploitation and human trafficking. And they convene safety meetings of multidisciplinary teams to really discuss how they're going to approach some difficult cull cases, how are they going to provide the support?

What can one sector do or one health care professional do to help clients and patients? Out grew this heat institute which is separate from the district attorney's office but similar in the fact that it is under the district attorney. Not under the criminal justice system. So the heat institute convened California community stakeholders across the whole state, central, south, north, urban, rural, to help redesign state responses to

human trafficking and to align different systems and programs to create a comprehensive infrastructure. Out of the heat institute they funded and guided four hospital emergency departments and here in Alameda County to develop and implement human trafficking response protocols so that they could have communication if trafficking or exploitation victim was moved around to different systems. This was a collaboration with the Alameda health consortium which is the human health centers. And so that is what we're doing right now. Establishing in health centers with the domestic violence, human trafficking advocacy programs to provide client support, bedside advocacy or clinic size advocacy for patients and then training and technical assistance for the health centers here in my county. So, you know, this was originated out of the criminal justice sector inviting us to participate. So that's what I really like about that. Next slide please.

>> So in thinking about services and opportunities for next level partnerships, what we see sometimes is the opportunity to go out and provide services on site at domestic violence programs or shelter programs.

And we'll see a lot of community health centers now expanding their health fleets and they have received funding to also purchase their own mobile health units so really thinking about these opportunities to have them come out to your program, whether it's a monthly visit or it's a vaccination clinic that can be offered, these types of opportunities are right and health centers are looking for ways to reach folks who are rural or more isolated or underserved and domestic violence survivors fall into those categories because of the barriers that we have talked about today. So thinking about some of those next level opportunities for mobile health.

Sometimes health center staff can go out and provide health education to your clients to just tell them more about health care enrollment as we talked about, reproductive health and birth control, maternal health services, what do they offer in terms of supportive Doula programs and other kinds of prenatal care so these are the kinds of things you want to be thinking about and talking about with your community health partners, especially as that ARP funding is coming down really to focus on increasing health access and vaccination support.

Also pharmacies. You can have deliveries that take place to your social service program and that can be a really important way for folks who may had to leave their home or leave their situation without their medication for themselves or their children. It can be a really great partnership in terms of helping them get what they need right there on site.

So just -- as you look at this bullet list, these are the kinds of things that health centers might support year around health center enrollment. Child vaccinations. Beyond COVID-19, you know, children have to have a number of different immunizations some of which may have been missed because of COVID and isolation and lack of access to services many of us experience it might be helpful to come out and do a child immunization clinics. Flu shots, reproductive health, maternal health and first health education. Those are things to think about, next slide please.

So then other things that we have learned during COVID-19 was for those entities, social services, legal and other programs that had an existing relationship with their community health center, throughout the pandemic, they were able to consult with them on a lot of aspects that were helpful. In the early stages of the pandemic, we had stay in place orders and protocols that shelters had to undertake. Those programs were doing a lot of consulting both with their community health center and their department of public health to make sure they were in line and doing the best practice there. We have mentioned health enrollment. Not only for folks who are sick but for folks who are well. Whom maybe don't have a medical home. And then the third bullet, thinking about that primary care provider and especially for survivors, it's important that they have a primary care provider that is someone that they trust and feel comfortable with and, you know, helping them make that change, if first of all, if they don't have a primary care provider, you know, helping them to get one and for folks that don't have one and it's not a great fit helping them find someone new that will be a better fit for them. We talked about enabling services and I mentioned that many were very supported in terms of the consultation around the protocols that related to COVID and ways to keep both their clients and their staff safe and then how to attend to folks around testing and COVID-care.

So next slide please. So here's some guidance as some of you think about initiating these kinds of partnerships.

[Findahealthcenter.hrsa.gov](https://findahealthcenter.hrsa.gov) is the main URL and places where you can identify health centers within 5 miles or 100 miles of your location so check that out and definitely see, you know, who is already there and these are expanding. They're building and trying to identify the areas where there are currently no other accessible health services for folks and they'll be expanding across the next several years. See if there is a natural champion within your health center and invite them to your collaborative meetings. That might be someone that's already really involved in women's health or reproductive health or someone working on the topics of domestic violence or trafficking currently but if see if there's an ally that you can bring over and engage as part of your meetings. You heard me mention IPV health partners is our online tool kit just for community health centers working in partnership with advocacy programs and others. We built that tool kit from the lessons learned and promising practices from various sites that we worked with over the years. So there's a lot to pull from there. And then consider working to offer a training to your staff about who they are and what they offer and we have those training tools for you in that tool kit as well. And then thinking about a referral process on both sides, so that you can really offer these kinds of referrals, even when you may not be sure that this is definitely going on for someone. So from the hope center side, when we work with providers and other health center staff, an intervention. Universally giving information and resources to patients in the example room to increase their access to safety supports. And the last is just to monitor and evaluate your process, see how you're doing over time. Where do you want to go?

What has already happened?

What are previous collaborations or programs that you have worked on and then evaluate your progress over time. That's going to help you as you consider new funding opportunities or new grants to demonstrate how you demonstrate your efficacy. So next slide please. We want to take time. I know that there's been a lot of questions and comments in the chat and I want to invite you now, feel free to repost something that you want us to look at a question or a --anything that you want to share. We'll toggle over to the chat and answer those questions.

>> I can also answer some of the questions too.

>> Great, thanks.

>> So I think going back to brain injury. How long after the abuse should the patient get checked for brain injury?

That's one question.

>> Why don't we pause there. M I'm going to let our physician tell you more about that kind of injury. I'm going to let our physician tell you more about that kind of injury. Yes and I'll also share another question any time during the year when a survivor leaves a DV situation can they qualify for health insurance and another question about sexual assault.

Those are all pertain to sexual assault as well. And then in terms of survivors of human trafficking and the support related to that too.

>> Let's start with the question around strangulation and brain injury and when people should be seen. Dr. Chang, do you want to --

>> Solve I guess the question is when should they be seen -- they should be seen right away. Are you talking about traumatic brain injury in the immediate term or something that happened remotely maybe five years ago or in the history?

So I guess it depends on what you're referring to. But if a client is telling you they had a head injury, they should be seen immediately I would think.

>> Immediately and if there are lasting concerns where you think, where the injury was sometime before and you know months before or years before, it may still benefit the client to have a conversation and bring that up to raise that with their provider because it may still be impacting their brain functionality and how they are processing information, their mental health, how they're feeling, their mood. Their ability to concentrate. All of those different kinds of things so the provider can still look at that long range plan with them and other supports that might be available in terms of brain healing which is slow and takes time.

>> I agree with that. Any remote history, you want to find out about remote history of traumatic brain injuries because it does effect cognitive -- you think about chronic traumatic encephalopathy with the national football league and the same thing applies to people that have traumatic brain injuries by other means.

>> Related to that there's another question about cost and collaboration with the health centers, get those exams done.

>> That's a difficult question.

This will is not really a webinar on health care financing. Community health centers provide primary care services. For example, we don't have T you know, CT scans or

MRIs or things like that on site. So if there's an Emergent need it's doing what you already know how to do which is connecting to the victim services and funding sources for that. T I wouldn't presume to be an expert in that I wouldn't presume to be an expert in that arena.

>> The unique aspect to health centers is they have to have a sliding scale fee. In terms of their eligibility and what they're paying out of pocket it's going to look different in terms of where they fall, you know, the enrollment specialist can help identify that with them. But one of the unique aspects is that they do provide low cost and sliding scale fees.

There was another question about the special enrollment period for survivors of domestic violence and yes that's open year around and we'll share a memo for advocates with more information of a follow up. And somebody asked about sexual assault and sexual assault is an often present dynamic of intimate relationships and when domestic violence is occurring so for those experiencing sexual assault in the context of intimate relationships, that would -- they would qualify there. What was the third question you said after that?

>> Sorry. Something related to human trafficking as well.

If the support for survivors of trafficking is available.

>> Well, again, if it's in the context of at the intersection of intimate partner violence as we're talking about the intersection of trafficking and IPV, then, they could enroll as a survivor of IPV.

>> Thank you. And I think I'm going back to the brain injury, bringing a lot of questions, asking about, you know, can the brain injury or strangulation exam be done or damage be assessed even after awhile?

Can they detect it?

>> Sorry, what was the question again?

>> After being strangled could damage be detected through an exam after awhile. If it's not done within a week or a month, can it be detected?

>> Yeah. I don't think -- I think if you let a period of time go, it's going to be more history and not on physical exam.

>> Yeah, what I might add is that I think when we think about the slide that Dr. Chang shared that shows for many survivors, they're not strangled once, and they're strangled many times over time. And T you know, maybe the first time the health effect for them wasn't as profound, but it can be a culminating injury over time. It can compound. That jurors can compound in terms of the effects on that person. At any point if somebody feels like they experienced a traumatic brain injury and they're wondering if it's still effecting them, it's always something that they can raise and address with their health care provider because this is often under recognized and under addressed and it can complicate how a survivor might be following through or their ability to just do kind of everyday tasks or do things that previously were really easy for them that are actually much harder for them. So I think it's always worthwhile if there's a concern or recognizing that people experienced that injury to their head to think about that as they're thinking about their overall health. There may be other chronic health issues or

other mental health issues or substance abuse issues that are also being impacted by their traumatic brain injury. So I think there's always room to discuss that and have an open conversation with your provider to see how the compounding impact of that. But Dr. Chang if you want to add there.

>> Thank you for your questions.

I think there's a lot of resources that can provide additional responses and we're happy to respond over e-mail as well to additional questions.

And I think that we want to go to the next slide.

>> And just one thing that I'm seeing is there's some conversation about strangulation and Courtney mentioned that trafficking survivors talk about being choked out all the time.

And another way that people hear it is people don't always relate to that strangulation. Sometimes they're thinking about it more about being choked out but sometimes asking have you ever lost consciousness can be better than asking have you been strangled?

So there is some emerging kind of science in terms of some of the work that's happened. I would definitely encourage you to look at the Ohio networks website that is offering more around this work. So yeah, we'll advance to the next slide please. And then one more. So just to recap and give a framework for how we define success, success is measured by our efforts to reduce isolation and improve outcomes for safety and health.

And so, if you want to consider growing these strong partnerships between your organizations and health centers, and using that MOU tool as a way to formalize that partnership, thinking about a healing centered work place which expands on trauma informed and really looks at, you know, what can we do to promote the healing of folks coming in. Not only clients but also staff and a lot of health care staff also have experiences of violence or secondary trauma. Incorporating new health questions into your intake tools and thinking about those changes so you're able to address their urgent health needs but also the long-term support for their health that's going to promote their healing and wellness overtime. Thinking about how to promote health insurance enrollment right when you meet with clients and thinking about those enrollment specialists. Something we didn't talk a lot about today but we know that there are a lot of implications on reproductive health for folks. Who are being forced to do things sexually or are restricted from using birth control when they want to so there's emergency contraception.

Thinking about opportunities to offer all of your clients these warm supportive referrals over to community health centers and then promoting holistic approaches to healing and support. You know, beyond even just medical systems, what are the other ways that we can really buffer you know people's healing and wellness and thinking about other folks you might want bring into your program or increase access so they can go out and connect with those folks to support their healing. And next slide please.

You heard me mention this tool kit. IPV health partners.org and this is where you can find a lot of the more technical information on -- from the health center side in terms of

how they can enhance patient privacy as they're working and supporting their patients around domestic violence trafficking, exploitation, disclosing limits of confidentiality universal education scripts, approaches not only to reach their patients but also the friends and family around those patients. How to respond to disclosures and offer validating supportive messages to clients when they disclose, offering -- make an offer warm referral over to your community based programs, domestic violence programs, ways to safely share resources, especially thinking about telehealth visits right now and then other tech privacy tips. So check out the URL. There's a link on the very top, a banner that will connect you to guidance related to COVID-19 and telehealth support if that interests you and then next slide please, just know that our national health resource center on domestic violence offers a number of health care services and talk more about healthy relationships, unhealthy dynamics, some of the trafficking dynamics, and then connecting people to national resources and supportive services. They are multilingual, you can see a range of populations including college campus folks, American Indian, Alaska native communities, HIV positive folks or folks that are coming in for HIV testing and then also by setting. So if you're working with someone in behavioral health or in a home visitation program or in a pediatrics for example we have some tailored cards that have some specific messages for folks in those settings. And as we're coming close to our time, I just want to invite you to complete our evaluation and I'm going to turn it over to Monica to take us home.

>> Thank you, Anna and thank you Dr. Chang. And thank you everyone for participating. And for joining us and we hope this information is helpful and you're able to bring it back to your organization and services and building collaborations among service providers and health, local health clinics and we're here to provide support. So feel free to contact us our e-mail is on the screen. We share the PowerPoint and a list of resources and a new, actually very new resource just the sharing for the first time with you, building responses for health care for domestic violence, sexual assault and human trafficking passports and coalitions. So that is also shared in the chat. But we will -- it will be posted on our website and will be sent to you over e-mail as well. Thank you again for participating and thank you for the captioners and interpreters as well.

Have a great rest of the day and rest of the week.

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