

Telehealth, COVID-19, Intimate Partner Violence, and Human Trafficking: Increasing Safety for People Surviving Abuse

A Guide for Community Health Centers and Partnering Domestic Violence Advocacy Programs

The COVID-19 public health crisis and subsequent social distancing measures are increasing risk for survivors of intimate partner violence (IPV) and human trafficking (HT) and their children, reducing families' financial security, making it harder to stay connected to support networks, and is a source of stress. This increased stress and increased proximity to the person causing harm may intensify abuse. As many health centers now shift to telehealth, providing virtual support to patients, including those who may be experiencing abuse or exploitation, can be lifesaving. Health centers and local domestic violence advocacy programs can establish, or build upon their partnerships to support survivors of IPV/HT and promote their health and safety. (See page 3 "*Building Sustainable and Fruitful Partnerships between Community Health Centers and Domestic Violence Advocacy Organizations*" for additional information and guidance).

Before the visit:

- Prepare a "script" integrating information into the visit about IPV/HT and available survivor support resources for people to share with their family and friends.
- Understand that telehealth visits may not be a safe time for discussing IPV/HT— others may be in the room or listening in.
- Connect with local domestic violence advocacy agencies and hotlines to understand what services they offer.
- Identify other ways to share info with patients: add in patient portals, staff resource lists, e-newsletters, and by U.S. mail (ask patient if it is safe to do so).



During the visit:

Offer normalizing information about relationships, health, and stress during the COVID-19 public health crisis. One method for this is the "CUES" intervention for IPV/HT, which can be used within telehealth visits:

C: Prioritizing **Confidentiality** by ensuring it is safe for the patient to speak over the phone/video and letting them know that their health information will be kept safe (disclosing any reporting requirements).

"Your medical information is confidential, that doesn't change because we're not in a clinic setting. I will not share anything we talk about here outside of with the care team [or if you tell me [refer to your state law](#)]. Are you somewhere where you can speak freely?"

UE: Offering **Universal Education** to all patients about how stress can affect relationships and relationships can affect health, and that there are supportive resources available.

"Before we get started, I want to say that I know COVID-19 has made things harder for everyone. Because people are stressed, we're sharing ideas about helping yourself and people you care about. For example, we may experience more stress now in our relationships including increased fighting or harm, and that can affect our health. There is free, confidential help available if you know someone who is being hurt in their relationship. Would it be okay if I sent some resources for you to share? I will also send information on support around parenting, access to food and stress. How are things going right now for you?"

Providers can also offer **Universal Education** to patients normalizing financial struggles to pay for necessary things like food and shelter, and where to go for support if they need it.

"Many people are also feeling pressure around money and paying rent or bills—sometimes others take advantage of people for work and also for sex—so we're sharing information about resources that are available if you find yourself in a situation like this. Can I give you unemployment resources, housing and food support, and other things to share if you know someone who needs it?"

E: Providers can also encourage patients to share these resources with friends and family. Research has shown that being able to support others is a form of **Empowerment**, and can also be healing.

"You can also share these resources with friends or family if you think it may help them, too."

S: Providing **Support** if patients disclose experiences of IPV/HT or other needs, offer validating messages, information to support health, a warm referral to a domestic violence advocacy program, and a crisis text line.

"Thank you for sharing this with me. I am so sorry this is happening. What you are telling me makes me worry about your safety and health. A lot of my patients experience things like this and there are people who can help. I can connect you today if that interests you—even right now if you like—and I can stay on the line with you - whatever you like."

You may also be able to brainstorm with patients who are experiencing violence or exploitation about ways to stay connected when someone is controlling their access to health care and support networks.

"I'd like to think about your health too and hear if your partner or someone else is interfering in any way with your plans to stay healthy like messing with your medicines, taking away hand sanitizer, preventing you from seeking help, or keeping you from connecting with friends and family."

Health Center Pathway for Addressing IPV/HT During Telehealth Visit

"Your medical information is confidential, that doesn't change just because we're not in a health center setting. I will not share anything we talk about here outside of with the care team [or if you tell me [refer to your state law](#)]. Are you somewhere where you can speak privately?"

No

Yes

Work with patient to support their safety and privacy during telehealth visits.

- *"Are you able to move to a place where you feel more comfortable to talk freely?"*
- *"Can others in the room hear what I am saying?"*
- *"Would you prefer to find another time to talk or move our conversation to messaging through the health portal?"*

Offer Universal Education about IPV/HT and health.

"Before we get started, I want to say that I know COVID-19 has made things harder for everyone. For example, we may experience more stress now in our relationships including increased fighting or harm, and that can affect our health. Would it be okay if I sent some resources for you to share?"

"Many people right now are feeling pressure around money and paying rent or bills—sometimes others take advantage of people for work and also for sex. Can I give you unemployment resources, housing and food support, and other things to share if you know someone who needs it?"

Share resources, if patient agrees, through text, health portal message, or phone – even if there is no disclosure of violence, exploitation, or relationship troubles.

If patient discloses violence or exploitation, or indicates that things with their relationship are difficult or stressful offer validating statements and support.

- *"Thank you for sharing this with me– this sounds really hard."*
- *"This makes me worry about your safety and health."*
- *"Unfortunately, a lot of my patients experience things like this but the good news is there are people who can help."*
- *"I can connect you today to someone who works with people who are going through hard or scary times in their relationships,"*
- *"If that interests you I can connect you– even right now if you like– and I can stay on the line with you – or send you a number."*

Connect this conversation to the reason for the health visit by brainstorming with the patients about ways to stay connected when someone is controlling their access to health care and support networks.

"I'd like to think about your health too and hear if your partner or someone else is interfering in any way with your plans to stay healthy like messing with your medicines, taking away hand sanitizer, preventing you from seeking help, or keeping you from connecting with friends and family."

Document referrals and care plans in a private part of the medical record and schedule a follow up visit.

You are not alone!
Support is available for you, your friends, and family.

- 24/7 Domestic Violence Hotline
1-800-799-7233; chat: thehotline.org
- 24/7 Human Trafficking Hotline
Text "HELP" to 233733; 1-888-373-7888
- Strong Hearts Native Helpline
1-844-7-NATIVE; 11am-8pm ET
- 24/7 crisis and stress text line
Text "HOME" to 741741
- National Parent Helpline
M-F 1pm-10pm ET, 1-855-427-2736
- Hunger Hotline
M-F 7am-10pm ET, 1-866-3-HUNGRY
(Español) 1-877-8-HAMBRE

Visit futureswithoutviolence.org for more information and resources.

Even if patient is not currently experiencing violence or exploitation, they may still be feeling triggered or in crisis because of COVID-19 situation.

- **Validate these feelings,**
- **Offer strategies for reducing stress,**
- **Answer questions about COVID-19 and staying healthy during the pandemic,**
- **Connect to support services for mental health, food access, and other needs.**

For more information visit:

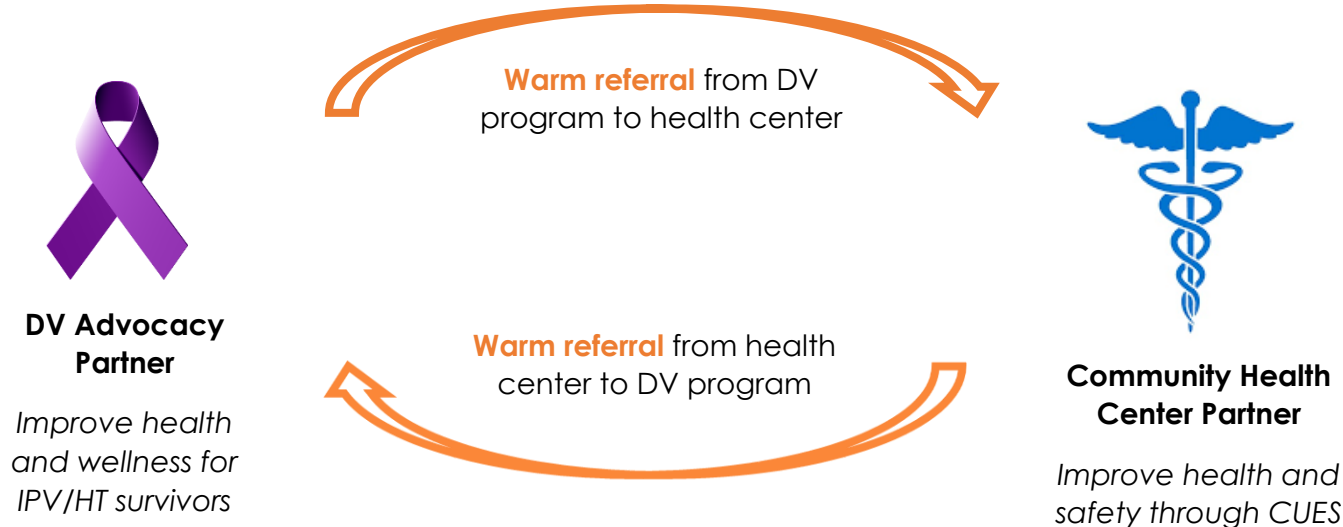
ipvhealthpartners.org

futureswithoutviolence.org/protecting-your-health/

Building Sustainable and Fruitful Partnerships between Community Health Centers and Domestic Violence Advocacy Programs

Community health centers and domestic violence advocacy programs are natural partners given their shared mission to improve the health, wellness, and safety of their clients and to prevent violence before it begins. Including each other as part of your multidisciplinary care teams is a crucial step in supporting both staff as well as intimate partner violence (IPV) and human trafficking (HT) survivors in your community.

Partnerships can help promote bi-directional warm referrals for clients/patients:



What is a domestic and/or sexual violence advocacy organization?

Domestic/sexual violence advocacy organizations work with communities to support survivors of domestic and sexual violence and human trafficking in times of crisis and need. More than just emergency shelters and 24 hour hotlines, advocates work with survivors and their families to promote safety and heal from violence in many different ways. DV programs often serve as primary referrals for both domestic violence and trafficking survivors. In fact, for many survivors of trafficking, they may contextualize their experiences within the context of relationships (boyfriend, daddy, or husband). DV advocates have the know-how to work with and support all survivors through immediate and long-term safety planning, and making survivors aware of the unique legal, criminal, and housing supports available to them. Some communities may also have human trafficking-specific programs (often embedded within criminal justice systems), so you can assess what's available in your community and expand your partnerships. Also become familiar with the current operations and hours for the DV programs in your area—while DV services are up in running, some operational protocols may have shifted due to the current public health emergency. For example, in some states DV programs are housing survivors in hotel rooms if they have been exposed to COVID-19, rather than in their shelter. In other states, support groups are being held virtually rather than in person.

Visit the [National Coalition Against Domestic Violence](https://www.nacadv.org/) to find your state/territory coalition and local DV program(s).

This tool was developed by the National Health Resource Center on Domestic Violence, a project of Futures Without Violence.

For adaptable health center and domestic violence advocacy tools visit: www.IPVhealthpartners.org



What is a community health center?

Federally-funded community health centers are community-based and patient directed organizations, and they provide services regardless of a patient's ability to pay, and charge for services on a sliding fee scale. They deliver comprehensive primary care and also often include a pharmacy, mental health services, substance abuse programs, oral health services, and pregnancy/perinatal and post-partum care. Additionally, community health centers have supportive services such as health education, language translation, and transportation that promote access to health care. Some health centers focus on special populations including those experiencing homelessness, migratory and seasonal agricultural workers, and residents of public housing. They are also located in areas where economic, geographic, or cultural barriers limit access to affordable health care services. Looking to identify a community health center in your area? Visit findahealthcenter.hrsa.gov.

How can this partnership benefit community health center staff and patients?

Establishing formal partnerships is crucial to providing trauma-informed care.

- **Supporting staff wellness and healing** – being connected through partnership offers the opportunity for staff to address their own personal trauma and health.
- **Rely on the expertise of your partners** – For health center staff, know that advocates are experts in the specific needs of survivors for safety and self-determination and can support you in supporting survivors.
- **Improve health outcomes** – For people who are surviving an abusive relationship or living with trauma from previous abuse, the sooner they are connected to health and advocacy support services, the sooner they will be able to address underlying reasons for their health issues.
- **Adopt a trauma informed care approaches** – working with your partner organization/health center will promote trauma informed care systems within your own health center.

Just as you will be able to rely on your partners, they will get a lot of value from being connected to you!

How do we start to partner? Meet with the leadership of your partner DV program/health center (see accompanying guiding worksheet)

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?

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Partnership Building Worksheet

Use this tool to initiate discussions between community health center and DV advocacy staff.

What services does the DV advocacy partner provide to survivors? What are recent program changes, if any given COVID-19?

- | | |
|--|--|
| <input type="checkbox"/> Drop in support and safety planning | <input type="checkbox"/> Health/wellness promotion |
| <input type="checkbox"/> Emergency and short term shelter | <input type="checkbox"/> Case management |
| <input type="checkbox"/> Advocacy for longer term housing | <input type="checkbox"/> Police/criminal justice advocacy |
| <input type="checkbox"/> 24-hour hotlines for crisis safety planning | <input type="checkbox"/> Financial/economic advocacy and support |
| <input type="checkbox"/> Legal support or representation | <input type="checkbox"/> Other service: _____ |
| <input type="checkbox"/> Court accompaniment | <input type="checkbox"/> Other service: _____ |
| <input type="checkbox"/> Support groups and access to mental health services | <input type="checkbox"/> Other service: _____ |

Beginning questions for health center staff to ask their advocate partner:

- What can survivors expect when they connect with an advocate at the DV advocacy program?
- What is the best way for the community health center to make a warm referral to an advocate?
- When are advocates available to speak to community health center patients over the phone?
- Are advocates available to meet survivors in person at the health center?
- Do they serve survivors of human trafficking?
- What languages are spoken by staff?
- Have we worked together before? What did that look like?

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What services does the community health center partner provide? Identify any recent health care delivery changes given COVID-19.

- | | |
|---|---|
| <input type="checkbox"/> Primary care and wellness services for the whole family | <input type="checkbox"/> Provide health services regardless of patients' ability to pay and charge for services on a sliding fee scale. |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Health care enrollment specialists |
| <input type="checkbox"/> Reproductive and sexual health options: birth control, emergency contraception, pregnancy options counseling | <input type="checkbox"/> Operate under the direction of patient-majority governing boards of autonomous community-based organizations. |
| <input type="checkbox"/> HIV and STI testing, treatment and care | <input type="checkbox"/> Extended urgent care hours |
| <input type="checkbox"/> Perinatal and post-partum care | <input type="checkbox"/> Transportation for patients |
| <input type="checkbox"/> Substance dependency support | |
| <input type="checkbox"/> Mental and behavioral health services | |

Other questions for community health center partner:

- Do they focus on any specific communities or populations?
- What languages are spoken by onsite staff?
- Who on staff will primarily be referring survivors to the DV advocacy partner? (All staff, medical assistants, social worker, etc.)
- Have we worked together before? What did that look like?

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Across the country, domestic violence program - health care partnerships are developing creative and innovative models that have pushed their collaborative efforts even farther. Explore with your advocacy partner ways in which you can enhance your shared goals and vision! **In partnership, what do you want to build together to support survivor health?**

- Host **cross-trainings** where staff visit each other's locations to learn about services so everyone can be able to describe what the other agency can offer patients/clients.
- Develop a **procedure for bi-directional warm referrals** to between your health center and your advocacy partner.
 - Is there a way to ensure that survivors referred from the advocacy organization to the health center get access –a “golden ticket”- to next day appointments for immediate health needs such as emergency contraception?
- Revisit or develop your **Memorandum of Understanding** with the advocacy organization leadership and update it based on determined goals, referral procedures and any new elements of your partnership.
- Coordinated Care:** As you refine your referral procedures through experience, you may find that it would be helpful to bring each other into certain patient's care plans. How will you communicate with each other and work together to support the health and safety of individual patients/clients?
- Visiting Health Provider and Eligibility Specialist:** Can the health center send a health provider or health educator to visit the advocacy organization every two weeks to enroll them as a health center patient and provide basic health care or health education to survivors using their services?
- Advocacy-Based Health Services:** Can your advocacy organization work to offer health services on site? What would it take to have advocates specially trained in substance dependency, HIV testing, or sexual health education?
- Mobile Health and Advocacy:** Many health centers and advocacy organizations offer mobile services. How can you coordinate and utilize your partner's mobile services?
- Co-Located Advocate:** Is there a way where you can structure your health center space and budget to be able to have an advocate from your partner advocacy organization come and provide services to survivors at the health center on a weekly basis?
- Track Your Successes:** Is there a way that you can document how many warm referrals the health center's providers are offering to survivors? Is there a way to track how many of them actually utilize the advocacy partner's services? What about referrals from the advocacy partner to the health center? This data can be immensely important when needing to demonstrate the use of the partnership, program development, and even state policy.

For support and assistance contact the National Health Resource Center on Domestic Violence:

Email: health@futureswithoutviolence.org

Phone: (415) 678-5500 | TTY: (866) 678-8901 | M-F 9am-5pm PST

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