

siren

Social Interventions Research & Evaluation Network



Hot Topics Discussion

Lessons from the Intimate Partner Violence Field: Moving beyond Surveillance and Screening toward safety and wellbeing: Part 2

December 3, 2024

In Gratitude

This webinar is made possible with support from Blue Shield of California Foundation.



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Panelists



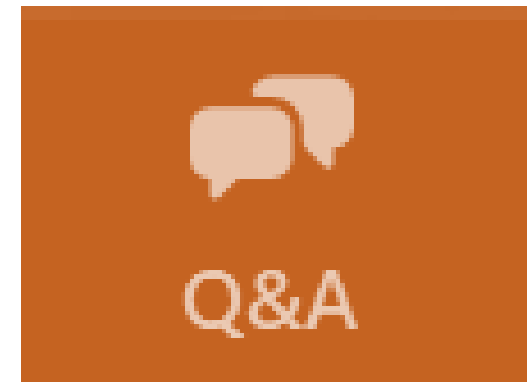
Elizabeth Miller, MD, PhD
University of Pittsburgh
School of Medicine



Lisa James, MA
Futures Without
Violence

For Today's Webinar

- The webinar is being **recorded** and a link to the presentation will be sent to all registrants and posted on our website when it is available.
- We welcome your questions and comments. Please use the **Q&A feature** to ask your questions. We will try to get to as many of them as possible.



Registration is Open for the 2025 National Research Meeting!



Key Dates

- **February 2-4, 2025 | Wyndham San Diego Bayside Hotel | San Diego, CA**

Check out our website for all the details:

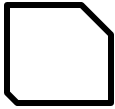
<https://sirenetwork.ucsf.edu/2025-national-research-meeting>

About Futures Without Violence



- **Office Locations:**
- San Francisco, CA
- Boston, MA
- Washington, DC

Futures Without Violence is a health and social justice nonprofit with a mission to create healthy families and communities free of violence and trauma tomorrow.

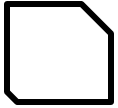


Home to The National Health Resource Center on Domestic Violence (HRC) is a federally-designated resource center that has supported health care professionals, domestic violence experts, survivors, and policy makers at all levels as they improve health care's response to domestic violence, and increase the capacity of domestic violence advocates to address survivor health needs.

The HRC is funded by a grant from the Family Violence Prevention & Services Program, Family & Youth Services Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, and is a member of the Gender Based Violence Resource Network.

Learn more: www.ipvhealth.org





Health Partners on IPV + Exploitation

Health Partners on IPV + Exploitation is led by Futures Without Violence (FUTURES) and funded by HRSA BPHC to work with community health centers to support those at risk of experiencing or surviving intimate partner violence, human trafficking, or exploitation and to bolster prevention efforts.

Learn more: www.healthpartnersipve.org

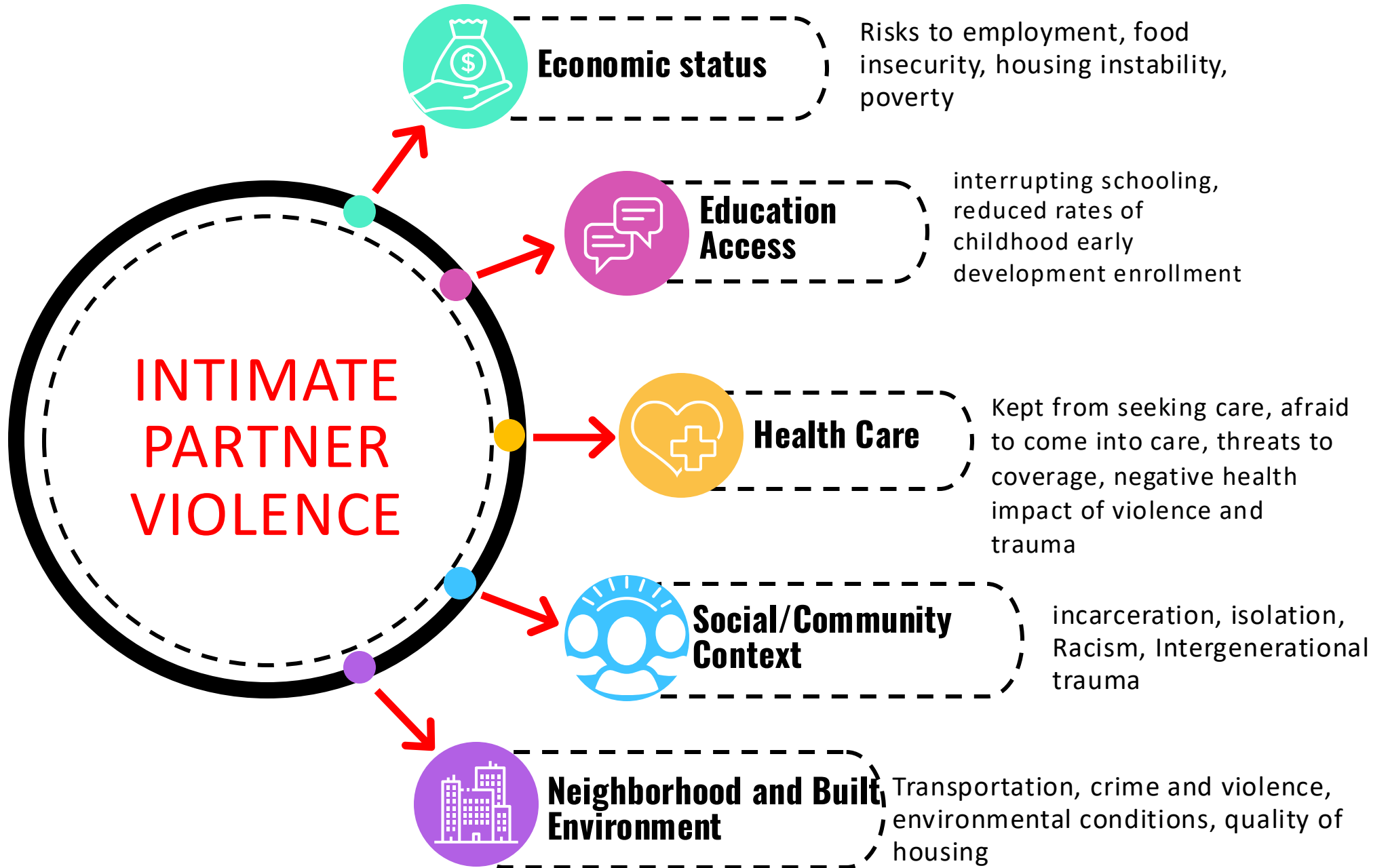
Online toolkit: www.IPVHealthPartners.org

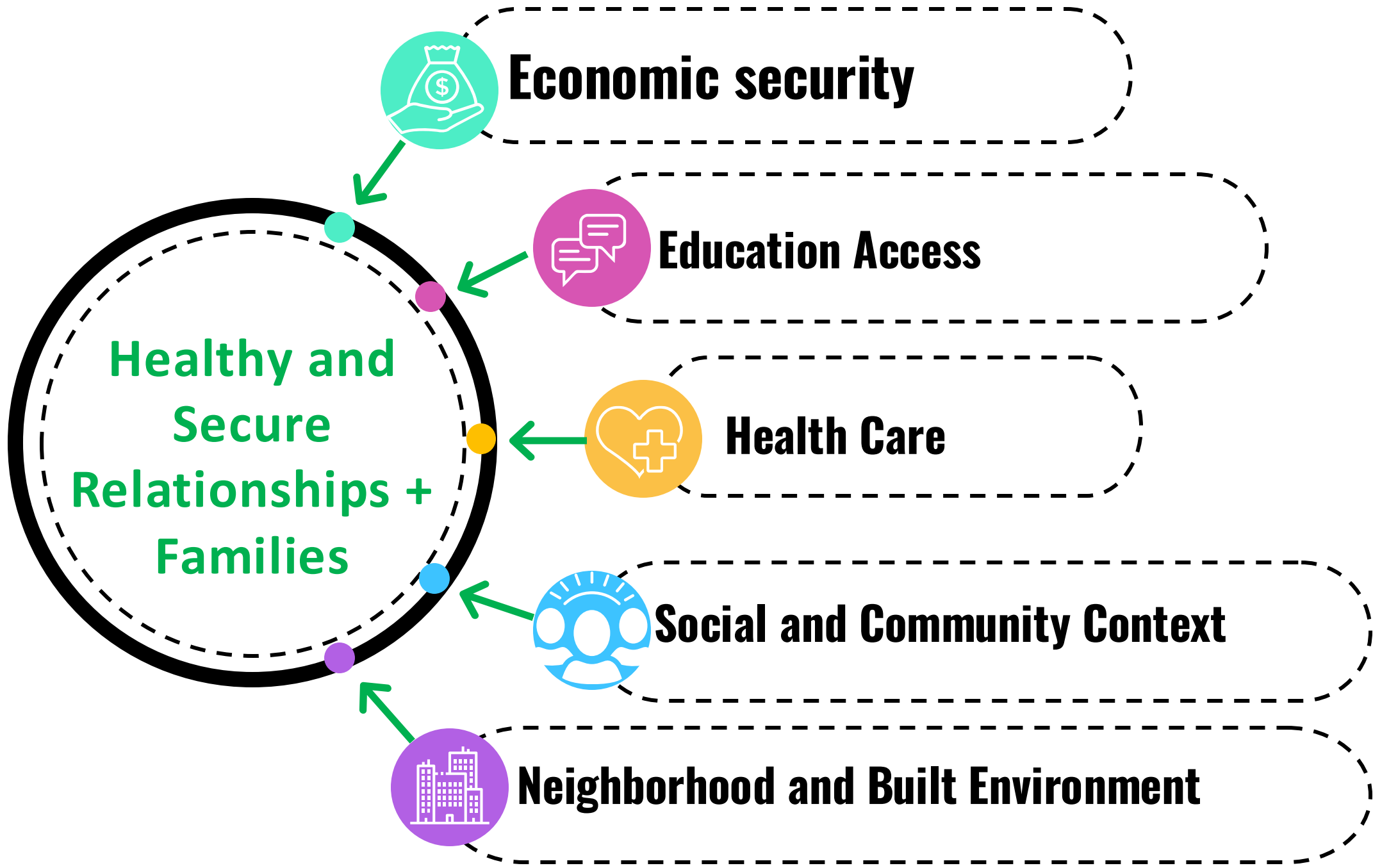


Learn more: <https://healthpartnersipve.org/>

The Issue

More prevalent for women in the US than breast cancer and diabetes combined, IPV has significant adverse health impact, but studies show that health professionals can make a difference in preventing violence and supporting survivor health.





Economic security



Education Access



Health Care



Social and Community Context



Neighborhood and Built Environment

**Healthy and
Secure
Relationships +
Families**

Confronting Challenges:

OIG Report: Only 43% providers followed the USPSTF recommendation to offer screening and brief intervention for women age 18-44 and referred patients who screened positive for services.

Providers reported the following barriers

- Time Constraints and inadequate training
- Concerns about Privacy and Reporting
- Electronic Health Record considerations:
 - 69 % of clinicians who indicated challenges said that embedding best practice alerts and/or contact information of IPV support resources into their EHR system would increase their likelihood of performing IPV screening.
 - 30 percent reported that better privacy protections within EHR systems would increase their likelihood to screen

<https://oig.hhs.gov/reports/all/2024/medicaid-enrollees-may-not-be-screened-for-intimate-partner-violence-because-of-challenges-reported-by-primary-care-clinicians/>





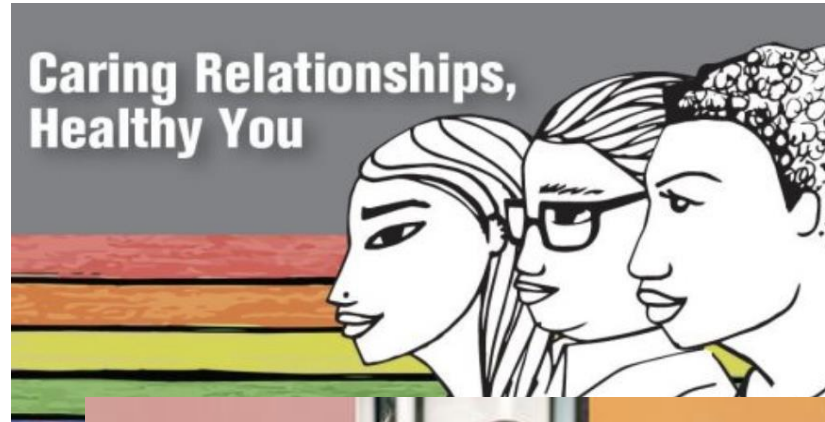
RECAP: CUES: An Evidence-based Intervention

Confidentiality
Universal Education
Empowerment
Support

Can be time saving

Online training available!

<https://ll-7585.reach360.com/share/course/e7d3bd6a-ae76-4302-be54-07053cdde566>



(Above: four images of safety card tools)

Systems Level Solutions

- Systems levels support to back providers up:
 - Organizational readiness tools
 - Training, support for staff exposed to violence and/or vicarious trauma
 - Tools to preparing your practice:
 - Sample Protocol <https://healthpartnersipve.org/futures-resources/sample-health-center-protocol/>
 - Creating safe environment: <https://store.futureswithoutviolence.org/>
 - Partnerships w/CBOs <https://healthpartnersipve.org/resources/sample-memorandum-of-understanding>
- Safer documentation research and referral processes
- Reimbursement and sustainability strategies



IS YOUR RELATIONSHIP AFFECTING YOUR HEALTH?

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

- ✓ Asthma, diabetes, chronic pain, high blood pressure, cancer
- ✓ Using substances more than you want to
- ✓ Unplanned pregnancies and STIs
- ✓ Trouble sleeping, depression, anxiety
- ✓ Inability to think or control emotions

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

Are There Times Your Partner or the Person You're Seeing:

- X Shames or humiliates you?
- X Controls where you go and how you spend money?
- X Ever hurts or scares you with their words or actions?
- X Makes you have sex when you don't want to?
- X Keeps you from seeing your doctor or taking medicine?

These experiences are common. If you are being hurt or controlled by your partner, you are not alone.

If your safety is at risk:

- Ask your health care provider about resources and services that are accessible 24/7
- Talk to a trusted friend, advocate or a provider about safety planning

You deserve to be safe. You deserve to be treated with respect.



Worried about a friend? You can support them by:

- ✓ Letting them know you are there for them if they want to talk
- ✓ Listening and believing them without judgment or shame
- ✓ Giving them information about where to get help

Get free, confidential, 24/7 support:
thehotline.org
text "START" to 88788
800-799-SAFE (7233)
Safety decision aid: myplanapp.org



NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE
FUTURES WITHOUT VIOLENCE
ipvhealth.org | ipvhealthpartners.org futureswithoutviolence.org

Documentation and Coding

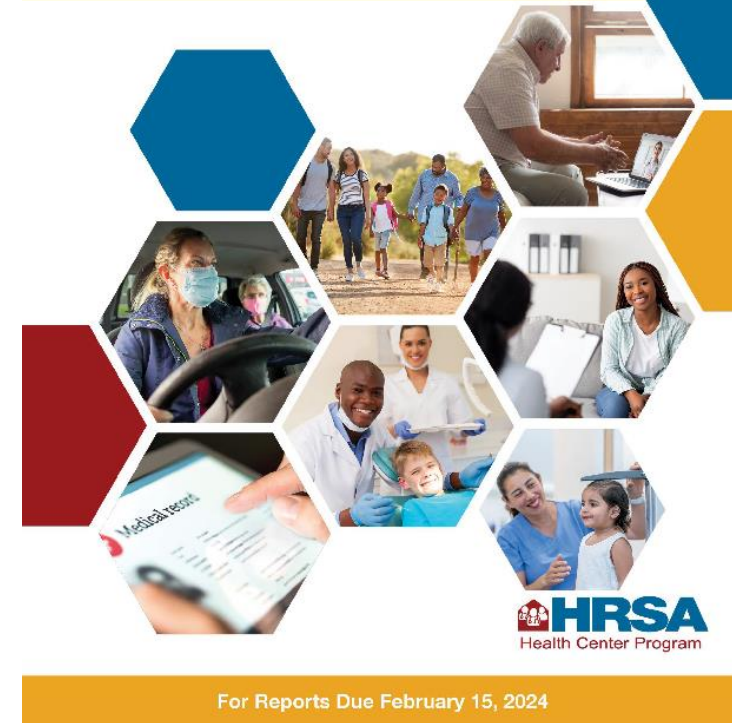


Uniform Data System

2023 MANUAL

Health Center Data Reporting Requirements

IPV codes added in 2020



<https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/2023-uds-manual.pdf>

Gravity Project Codes



Consensus-driven standards on social determinants of health

- 7 sets of assessment tool LOINC codes
 - (i.e. HARK, HITS, PRAPARE)
- Expanded set of IPV diagnosis codes (for SNOWMED and ICD-10)
 - (23 SNOWMED codes and 35 adult ICD-10 codes)
- Expansive list of IPV goals in SNOWMEDCT: 15 new goal codes
 - housing
 - safety
 - completed restorative justice program,
 - financial security
 - decrease in psychological abuse and social monitoring etc.

Social Determinants of Health



Social Determinants of Health
Copyright-free

Healthy People 2030

- **CUES – Being built as an intervention on SNOWMED currently**

Trauma Informed Care when Documenting IPV/HT

- ✓ For information on key elements of IPV documentation - <http://ipvhealthpartners.org/wp-content/uploads/2017/02/Documentation.pdf>
- ✓ Consider safety of the patient by those accessing information in the record
- ✓ Respect for patient's autonomy and concerns
- ✓ Informed consent: Inform patients about how the health information will be handled
- ✓ Patient participation in deciding how to document (under the limits of relevant laws/policies)
- ✓ If you have to report – follow trauma informed reporting suggestions



Privacy Principles

Scenarios of Concern for Survivors

- What will happen if my partner finds out that I have been talking to my provider about the violence?
- What will happen if my partner—who works for the HC—can access my record?
- What will my provider think of me if they see I have disclosed violence?



Survivor/Patient Questions About Health Data

Survivors will have questions about how their health data is being used:

1. What is written in electronic tools about my experiences of violence and other sensitive health information?
2. Who has access to the information submitted to the platform, including my personally identifiable health data?
3. What control do I have over my health information and what are my rights as a patient and as a survivor?



Privacy Principles

- Individuals should have the right to access, correct, amend, and supplement their own health information; Individuals should receive notice of how health information is used and disclosed, including specific notification of the limits of confidentiality;
- Providers must offer and respect patient's choice of communication preferences and this should be built in to electronic health records as mandatory fields;
- Privacy safeguards and consents should follow the data;
- Providers should have broad discretion to withhold information when disclosure could harm the patient; There should be strong and enforceable penalties for violations of privacy and consents both in a clinical setting, and across information exchanges

<http://ipvhealthpartners.org/wp-content/uploads/2018/07/Privacy-Principles-for-Protecting-Victims-of-Domestic-Violence-.pdf>



Survivor Privacy in Context of Federal Rules

- New federal rules on sharing health data went into effect in 2021.
- The CURES Act supports information exchange to support care coordination and holistic care.
 - Curbs the practice of “information blocking”
- Patients benefit from seamless access to health data by the care team.
- Significant concerns about how survivors’ health data will be shared.



Requirement to Share Data if Requested

CURES ACT:

- Requests for health data on behalf of the patient should be acted on and the information requested be shared.
- Rule creates a presumption that data should be shared when requested.
 - **This does not mean that data must be disclosed to all requesters, for any purpose. There are number of important exceptions to this rule.**
- There is **no requirement** to proactively share or publish health data unless requested.
- There is **no requirement** to proactively make data available or to put it in the portal.
 - This rule applies to situations where a provider or a patient requests that the information be shared.



Exceptions to the Rule

- HHS (ONC) created either categories of exceptions including:
 - Preventing Harm: Reasonably necessary practices to prevent harm to a patient or another person.
 - Privacy: Refusing to fulfill a request to protect a person's privacy.



Exception: Preventing Harm

- The provider must believe that the denial will substantially reduce the risk of harm.
- For record keeping purposes, the process by which providers can apply this exemption should be in writing at the health center and applied in a consistent and nondiscriminatory manner.



Exception: Privacy

- The provider can withhold data if an individual requests information not be shared or if the provider was unable to obtain patient consent.
- Every health care practice should have clear and transparent policies for how they will apply the privacy exceptions to protect survivor confidentiality and autonomy.



Best Practices for Providers

Have documented policies for applying exceptions.

Evaluate on a case-by-case basis and in accordance with both the law and the practices documented policies.

Do not share sensitive data unless requested.

Key Resources

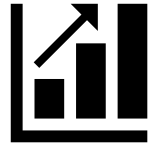
- [Preventing Harm FAQs](#)
- [Preventing Harm \(and Exceptions\) Fact Sheet](#)
- [Exemption webinar slides](#)
- [21st Century Cures Act: Considerations for working with survivors of intimate partner violence](#)
- [Information Blocking Exceptions](#)



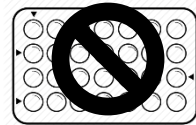
Leveraging Electronic Health tools

Provider Scripts

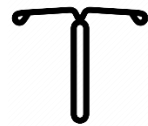
In a randomized controlled trial at four family planning clinics in Western Pennsylvania, **provider scripts showed promise in:**



Improving **implementation of universal education** about intimate partner violence.



Reducing **reproductive coercion** over time.



Increasing uptake of **long-acting reversible contraceptives** over time.



Provider **scripts are helpful** in facilitating conversations with patients about healthy relationships and could be **incorporated into the EHR.**

Courtesy of UPMC's Children's Hospital of Pittsburgh Hill et al., 2019

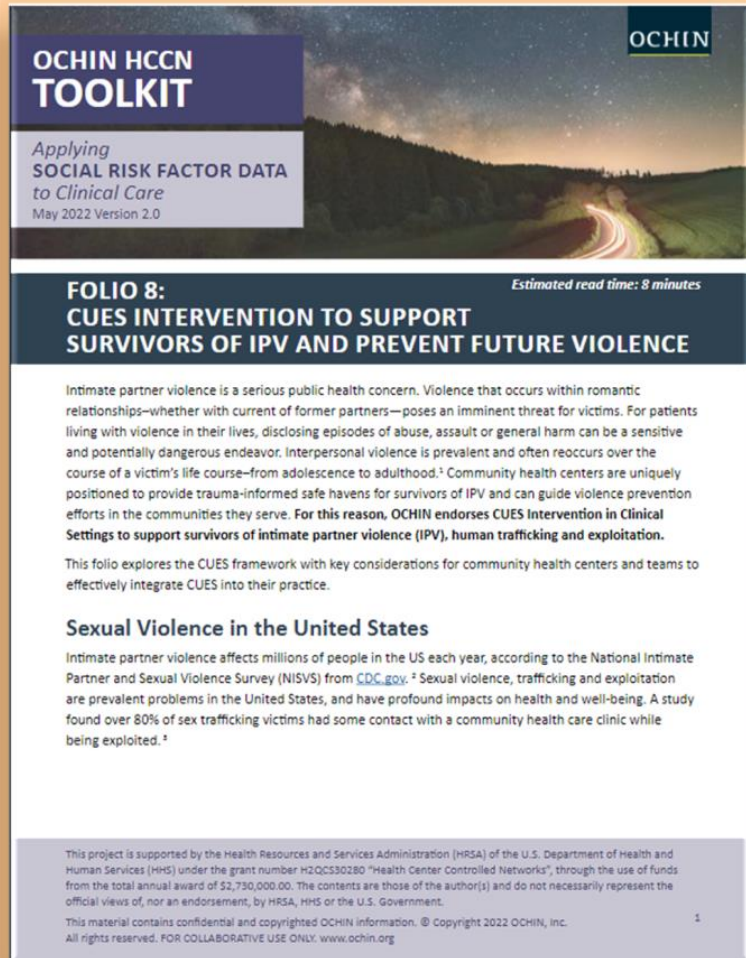


New OCHIN Tools can also be used to help support an improved Response to IPV/HT

Futures Without Violence and OCHIN have partnered to create new tools that can support OCHIN users better identify and respond to IPV/HT



OCHIN Toolbox: HCCN Toolkit



Content:

- Futures Without Violence (FWV)
- What Is CUES?
- How Does CUES work?
- Why CUES?
- Why Does CUES Work So Well in Community Health Centers?
- Getting Started: How Can Your Organization Adopt CUES?
- Facilitating the Change to the CUES Framework Using Change Management Tools
- Essential Steps for Change Management
- Training Resources for Providers
- Patient Education Material
- References and Resources

OCHIN contact Jennifer Obermeyer, LCSW obermeyerj@ochin.org

CUES Approach Within OCHIN's Electronic Health Record

Document

- **Confidentiality** -if the person had privacy for the conversation
- If and how **Universal Education** was provided
- **CUES informed scripts** available for various settings, including if disclosure happens to ensure **Support**

Clinical Decision Support + Reporting

- **Best Practice Advisory** - available to assist with the CUES approach workflow
- **CUES SmartTools** - aligned with UDS reporting for suspected and confirmed diagnostics

OCHIN CUES Explore the Epic UserWeb Community Library

Select examples, more are in the library

Flowsheet | T CUES UNIVERSAL EDUCATION SCREENING-VIRTUAL VISIT | <https://comlib.epic.com/Record/432-FLT-9800003>

Flowsheet | T CUES UNIVERSAL EDUCATION SCREENING - IN PERSON | <https://comlib.epic.com/Record/432-FLT-9800055>

Flowsheet | T CUES UNIVERSAL EDUCATION IPV/HT DOCUMENTATION | <https://comlib.epic.com/Record/432-FLT-9800038>

BestPractice Advisory | CR CUES VIRTUAL VISIT | <https://comlib.epic.com/Record/432-LGL-3743> (More BPA records, search for 'CUES' under OCHIN)

Community Referral Platforms

Health Centers and IPV/HT/E

- Health centers address health-related social needs of their patients, including housing, food insecurity, intimate partner violence (IPV) and human trafficking (HT)/exploitation (E).
- Partnerships between a provider and a community-based advocate are effective strategies for supporting survivors of IPV/HT/E
 - Facilitate bi-directional warm referrals—where the health center staff make a personal referral to a known DV/HT community advocate, and the advocate can refer clients for health care.
- Technology platforms can provide value to survivors of DV/HT, connecting them with supportive safety services



Survivors Benefit from Coordinated Care

Referral networks support survivors by...

- Facilitating their (and/or their providers') ability to find and access local, appropriate and available services
- Offering referrals from the health care system to IPV/HT service providers who are trauma-informed, experienced and able to meet their needs
- Sharing real-time availability of services
- Holding information so survivors don't need to re-share all their information



HCs and Community Referral Networks

- Community referral technology platforms help HC staff connect patients to local social service agencies and national hotlines.
- Consistent use of a community referral technology platforms and referral networks could lead to an increase in appropriate referrals of HC patients to community-based DV/HT advocates.
- The survivor's care team will know what services have been referred and/or made available.



Social Intervention and Referral Networks

- **What are the unique considerations for IPV/HT?**
- **Who sees the data**, what is seen and how is it used?
- Develop a **strong consent form** and a process for revoking consent
- Ask about **firewalls for sensitive issues** i.e. HIV, SA DV and what codes would trigger firewalls being put in place?
- Ask about **how data is segmented** (i.e. when you pull up the record does everything come up vs. specific sections of the record?)
- What is the **process for quality control** for who is allowed to be entered into the system – any credentialing?



Best Practices to Promote Privacy in Referrals

- Patient informed consent to collect/share information.
- Survivors can request restrictions in the use or disclosure of information.
- Personal and sensitive health information is de-identified whenever possible.
- Privacy safeguards and consents follow the data if shared with another provider.
- Strong and enforceable penalties for violations of privacy and consents both in a clinical setting, and across information exchanges.



Using Community Referral Technology Platforms to Safely Connect Health Center Patients with Community-based Domestic Violence Services

Using Community Referral Technology Platforms to Safely Connect Health Center Patients with Community-based Domestic Violence Services

This memo provides recommendations for health center (HC) staff as they implement, tailor, and use electronic tools to connect their patients to community-based domestic violence (DV) and human trafficking (HT) services, including how to protect patient/survivor confidentiality. HCs increasingly play an important role in addressing the health-related social needs of their patients, including housing, food insecurity, and domestic violence. Today, referrals are often facilitated through online platforms, sometimes known as community referral networks or community referral technology platforms, to assist providers in connecting patients with necessary services and providing a mechanism for follow-up. However, concerns about privacy and confidentiality exist, particularly regarding sensitive health information such as experiences of violence. This memo addresses key questions and considerations for HC staff, emphasizing survivors' rights and control over their health information.

A note about terminology used in this paper: the terms [intimate partner violence \(IPV\)](#) and [domestic violence \(DV\)](#) will be used interchangeably throughout this paper.

Introduction

Health centers (HC) often respond to the health-related social needs of their patients, including housing, food insecurity, domestic violence (DV) and human trafficking (HT). Examples of this long history of connecting patients with social services include offering health enrollment in public programs and co-locating food and nutrition services. Addressing these upstream factors can prevent or mitigate negative health outcomes and support equitable, culturally responsive health solutions. Online supported referral and coordination platforms, sometimes called community referral networks or community referral technology platforms, can support this work. Community referral systems may be integrated into an electronic health record (EHR) or may be stand-alone and/or hyper-local platforms.

Community referral technology platforms help HC providers connect patients to social service agencies and national hotlines, and offer a feedback loop to review access. For example, a provider using an online tool giving a targeted list of food pantries to patients experiencing food insecurity can promptly follow-up to make sure the connections were made. Technology platforms can provide impactful value to survivors of DV/HT, connecting them with supportive safety services in real time and building trust with their providers.

[A solid partnership between a provider and a DV/HT service provider](#) is the most effective solution because it helps facilitate a warm referral¹—where the health care provider makes a personal referral to a known DV/HT service provider.

¹A warm referral, as referred to in the evidence-based [CUES intervention](#), is a supported referral to DV/SA advocacy services from a health provider, in which the provider is able to offer a patient access to an onsite DV/SA advocate; offer use of the clinic's phone to call a local resource; or offer the name and phone number so they can reach out independently, etc. Complement a warm referral with a brochure or safety card from a local DV/SA agency, if it is safe for the patient to take home.

<https://healthpartnersipve.org/resources/using-community-referral-technology-platforms-to-safely-connect-health-center-patients-with-community-based-domestic-violence-services/>



Sustainability Strategies: Leveraging Medicaid for IPV Prevention

Case Study: North Carolina

- A Medicaid pilot program in covers IPV services.
- Community organizations can be reimbursed by Medicaid for the IPV services they provide.
- A referral tool, [NCCARE360](#), provides hyperlocal, closed-loop referrals between health care providers and IPV and other community-based providers.
- Survivors get a referral to a DV advocacy service (or other service) that has availability, providing the exact set of services needed and where there is real-time availability to accept clients.



NCCARE360



Addressing Privacy in North Carolina

- To realize its potential for survivors, NCCARE360 had to engage in an ongoing conversation with DV service providers in the state who paused before committing to participation.
- There were deep concerns about the privacy and confidentiality of the information collected by the referral platform—and who could access it.
- State policymakers and DV advocates continue to work together to carefully monitor the implementation of this program to ensure that the privacy and confidentiality needs of survivors are met.



NCCARE360



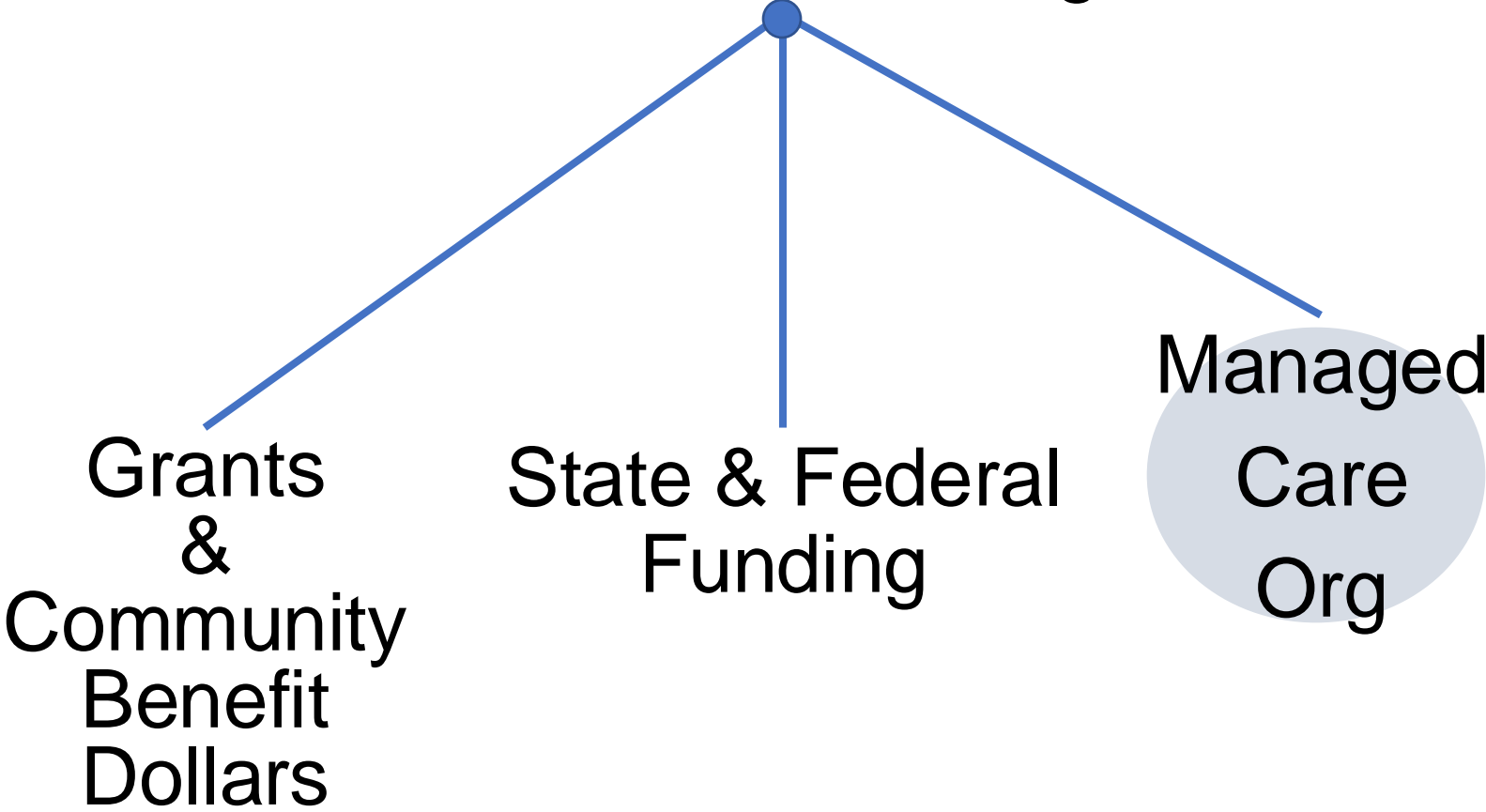
DCADV's DV-CHW Program

- Bilingual, dually-trained advocates
 - Community Health Workers
 - DV Advocates
- Care Coordination
- Informal Counseling & Support
- Education & Empowerment
- Positive **impacts on health**



DCADV's DV-CHW Program

- Braided Funding





Tools and Resources

Resources

1. Healing Centered Approaches to Screen and Intervene for Social Determinants of Health Including Intimate Partner Violence (A Paper)
2. Increasing Health Care Enrollment for Survivors of Domestic Violence
3. Quality Assessment / Quality Improvement Tool
4. Increasing Capacity to Address Health, Justice, & Equity Through Partnerships

Access resources here:
<https://healthpartnersipve.org/general-resources/>



Healthcare.gov Enrollment for Survivors of Domestic Violence

People who have experienced intimate partner violence (IPV) have unique health care needs, making insurance that covers comprehensive medical and behavioral health benefits all the more critical. Community health centers play an important role in helping survivors enroll in coverage and receive quality primary health and oral health care services. A special enrollment period for survivors makes enrollment possible across the year with additional provisions to make coverage more affordable for survivors. [When health centers partner with community-based programs that serve survivors – we reach more survivors and improve their health and safety.](#)

Community based domestic and sexual violence programs and health centers also share goals to advance health equity and health outcomes in medically underserved communities and with current American Rescue Plan (ARP) COVID-19 funding, have a unique opportunity to work together to reach more clients. Last year the Family Violence Prevention and Services Program (ACF, US DHHS) – the agency that funds domestic violence and sexual violence programs nationally – received a historic investment of \$550 million to assist states, territories, and tribes to provide access to COVID-19 testing, vaccines, and mobile health units and specifically for domestic violence programs. Similarly, \$1 billion in ARP funding reached nearly 1,300 HSA health centers across the US and territories to expand health centers, to build new sites and provide mobile health care, and to advance health equity and health outcomes in medically underserved communities, including through projects that support COVID-19 care. These parallel funding streams can be maximized to enroll more survivors of domestic violence and their families so they have long term health care coverage.

Encourage clients to call the toll-free call center (1-800-318-2596) or refer them to local assisters who are trained to help consumers through the enrollment process if you can't help them right away. A good place to start:

Addressing Intimate Partner Violence, Human Trafficking, and Exploitation in Community Health Centers

Quality Assessment/Quality Improvement (QA/QI) Tool

The following quality assessment/quality improvement (QA/QI) tool is intended to provide community health centers with guiding questions to assess quality of care related to promotion of healthy relationships and intervention related to intimate partner violence (IPV), human trafficking (HT), and exploitation (E) within their health care delivery. The information is to be used as a benchmark for each health center to engage in ongoing quality improvement efforts.

This tool was designed by [Health Partners on IPV + Exploitation](#), a project of Futures Without Violence, to increase the capacity of community health centers to prevent, educate about, and respond to IPV/HT/E. Health Partners on IPV + Exploitation provided training and technical assistance on implementing clinical interventions, establishing partnerships with community-based domestic violence programs, and enacting policy change to address and prevent IPV/HT/E within health centers. Please complete the tool as honestly and completely as you can. The following questions ask about recommended policies, protocols, and practices. For questions that you respond “no” to, it may be helpful to review the corresponding form, policy, and resources listed at end to guide implementation in your community health center.

It may be helpful to complete this tool every six months to track policy changes and implementation status of the recommended IPV/HT/E protocol. Please review our [health center IPV/HT/E protocol: https://ipve.healthpartners.org/wp-content/uploads/2021/07/FU/UTURES-CAC-Protocol-June-30-2021-FINAL.pdf](#)

We hope that this tool will help provide guidance on how to enhance your community health center's response to IPV and HT/exploitation. For more information on how to implement these practices see the online toolkit: www.IPVHealthPartners.org.

About Health Partners on IPV + Exploitation
 Health Partners on IPV + Exploitation offers health centers training on trauma-informed services, building partnerships, policy development, and the integration of processes designed to promote prevention and increase the identification and referral to supportive services for individuals at risk for, experiencing, or surviving intimate partner violence, human trafficking and exploitation.
 Email: healthpartners@futureswithoutviolence.org
 Website: <https://healthpartnersipve.org/>

This resource was developed with support from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award to Health Partners on IPV + Exploitation (Futures Without Violence) totaling \$650,000 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more info visit HRSA.gov.

Healing Centered Approaches to Screen and Intervene for Social Determinants of Health Including Intimate Partner Violence

Health Partners on IPV + Exploitation, a project of Futures Without Violence, serves the nation's network of 1,400 community health centers. We offer free training and resources on trauma-informed services, building partnerships, policy development, and the integration of processes designed to promote prevention and increase the identification and referral to supportive services for individuals at risk for, experiencing, or surviving intimate partner violence (IPV), human trafficking (HT), and exploitation. IPV, HT and exploitation are key social determinants of health and also significantly exacerbate other social determinants – contributing to homelessness, job and food insecurity, social connectedness and poor mental and behavioral health and as such, when health centers implement strategies to respond they can impact IPV/HT and its related health and social consequences. This paper describes evidence-based strategies for responding to IPV – and offers an approach for health care providers and decision makers that can also be applied to all efforts to address the social determinants of health.

Introduction

Intimate Partner Violence (IPV) affects 1 in 4 women; 1 in 9 men; and for men, women, and non-binary people of trans experience, rates increase to 1 in 3.^{1,2} While IPV occurs across racial, ethnic, gender, and socioeconomic groups, low-income populations (especially people living in overburdened, under-resourced communities) experience greater barriers to leaving violent relationships and may be more vulnerable to poor health outcomes related to IPV.^{3,4}

Health and Intimate Partner Violence

Experiencing IPV is linked to long-term negative effects on the survivor's physical, reproductive, and behavioral health, and overall well-being. More than one in four women injured by an intimate partner require medical care for their injuries.⁵ In addition to acute injuries, women and men disclosing IPV are more likely to sustain chronic health impacts of IPV (e.g. asthma, chronic pain, irritable bowel syndrome, headaches, poor sleep, and activity limitations). Female survivors are also more likely to experience sexually transmitted infections, unintended pregnancy, pregnancy complications, and gynaeculatory problems.⁶ Behavioral health conditions (e.g. depression, anxiety, post-traumatic stress disorder, suicidal ideation, and alcohol and drug use) are significantly more common among survivors of IPV than the general population.⁷



Ways Health Centers Can Promote Health Care Access for Survivors of Domestic Violence

Healthcare access is critical for survivors of domestic violence (DV) but it may feel difficult or even impossible for them to access. Fortunately, health center enrollment specialists can help by partnering with their clinic staff and local DV programs to identify survivors who need assistance understanding the specific provisions related to DV and by educating staff at the health center who may be experiencing DV too.

Get to know the special enrollment periods that are available to domestic violence survivors

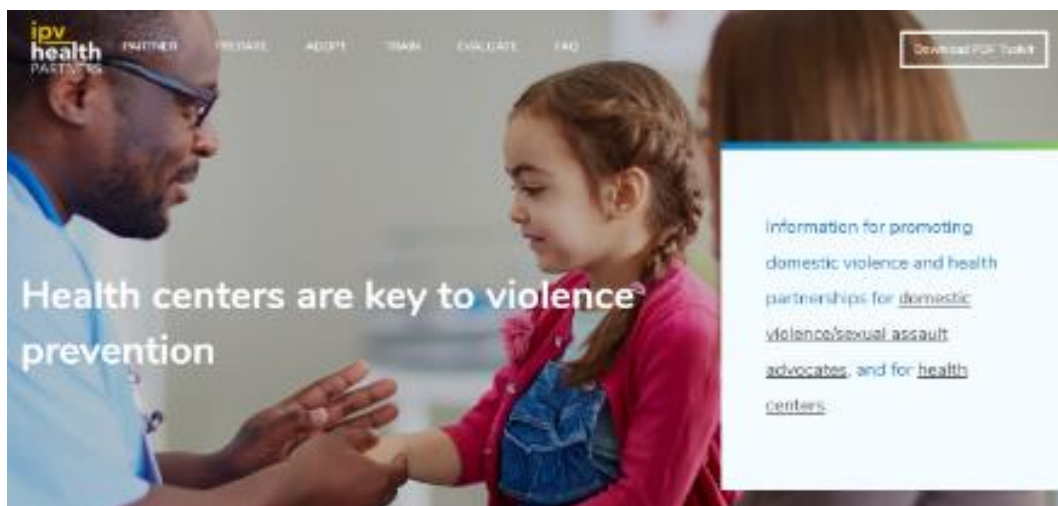
Survivors of DV and their dependents may purchase health insurance at any point during the year by starting a new application with the Call Center and asking for a Special Enrollment Period. They must say that they are a "victim of domestic violence." Review the ["Healthcare.gov Enrollment for Survivors of Domestic Violence"](#) guide memo to understand how you can help survivors enroll year-round.

2. Learn more about the financial supports for some survivors of domestic violence

Survivors of DV who are legally married but who do not live with their spouse and will file taxes separately, are not required to count the spouse's income towards their household income. This means that these consumers are able to qualify for financial help based on their own salary—making health insurance much more affordable. You can help survivors understand if they are eligible for financial assistance to help pay for a [healthcare.gov](#) plan based solely on their own income.

3. Get to know your local DV program

As enrollment specialists in health centers you can plan an important role building a bridge between health care providers and staff in your center and local DV programs.



www.ipvhealthpartners.org

Developed by and for community health centers in partnership with domestic violence programs

An Online Toolkit with 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



Privacy Principles for Protecting Survivors of Intimate Partner Violence, Exploitation and Human Trafficking in Healthcare Settings

Privacy Principles for Protecting Survivors of Intimate Partner Violence, Exploitation and Human Trafficking in Healthcare Settings

Health information technology (HIT) is a crucial tool for healthcare systems to coordinate care for patients, yet there are privacy concerns unique to people who have experienced intimate partner violence (IPV) and exploitation. With potential impact to a patient's care utilization and engagement, this is not just an issue of privacy but also one of safety. While these concerns are relevant to other sensitive and stigmatized health information, IPV/exploitation survivors, specifically, may consider:

- What is written in my electronic medical record about my experiences of violence and other sensitive health information?
- Who has access to my electronic medical record and health data?
- What will happen if my partner finds out that I have been talking to my provider about the violence?
- How will I be treated differently if other people on my care team know that I am surviving violence?
- Will my health insurance or payer send an explanation of benefits to my address?
- What control do I have over my health information and what are my rights as a patient and as a survivor?

The landscape of HIT is rapidly evolving, as is data collection on IPV in health settings. In 2020, the Health Resources and Services Administration introduced new Uniform Data System (UDS) measures that require all federally qualified health centers to collect data on disclosures of IPV and HT.¹ It is vital that healthcare providers consider the ways that electronic medical records and data sharing could decrease safety for IPV survivors and take steps to ensure that patients who are surviving abusive relationships are in control of their own health information. These steps become even more critical as identification and documentation of IPV increases, patients receive expanded access to their own health information, and coordinated care is broadened to include services that address social determinants of health. Health systems and providers should review these principles and establish a working group including representatives from all specialties and including Health Center Controlled Networks (HCCNs) when appropriate to implement changes.

Below are guiding principles that should be applied by healthcare providers, administrators, policy makers and developers when designing, building, utilizing or regulating health information systems that will hold or exchange sensitive health information.

¹ <https://bhpc.hrsa.gov/sites/default/files/bhpc/datareporting/pdf/2021-uds-manual.pdf>



Building and Formalizing Partnerships

healthpartnersipve.org

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

To start and grow a partnership:

Assess the needs of your community

What communities does your health center serve? What kinds of support services would benefit survivors in these communities? Engage survivors to get their input.

Identify champions in your health center and community

Who can research what DSV resources exist in your area? What services already exist to support survivors in your health center?

What is a Domestic and Sexual Violence (DSV) Advocate?

DSV advocates:

- are community based providers trained to support safety and self-determination of survivors
- offer confidential and free services
- provide 24-hour crisis intervention, emotional support, emergency services, legal info, and more.

What are the benefits for staff and patients?

Partnerships between health centers, community-based organizations, and DSV advocacy programs provide benefits for health center staff, survivors, and all patients:

- Increased access to healthcare enrollment and services
- Safety planning for survivors and connection to DSV advocates
- Addressing intersecting needs like food access, legal support and housing
- Relying on the expertise of your partners—you don't have to be an expert on violence!
- Support for staff wellness and healing

Connect with community-based DSV advocates

What organizations exist to meet the needs of survivors in your community? What are their services? Identify a point of contact. Find your local DSV programs through:

- ➔ The National Domestic Violence Hotline: 1-800-799-SAFE and thehotline.org. 24/7 DSV advocate responders. 170+ languages.
- ➔ State Coalitions: nmedv.org/content/state-u-s-territory-coalitions.
- ➔ Tribal Coalitions: www.niwrc.org/tribal-coalitions

Define the partnership

Collectively come to an agreement on how the working relationship will be carried out. This could include: the roles of each partner, the timeline for partnership roll out, process for decision making and communication. These agreements and processes can be outlined in a Memorandum of Understanding.

Key resource:
➔ [Sample Memorandum of Understanding](#)

Promote privacy and confidentiality

Robust partnerships between health centers and CBOs do not have to compromise survivor privacy and confidentiality to work effectively. Programs can take steps to ensure survivors' information is protected.

Key resources:
➔ [Privacy Principles for Protecting Survivors of IPV and Human Trafficking](#)
➔ [FAQ: Protecting Survivor Privacy](#)

Develop a procedure for bi-directional warm referrals between your health center and the DSV advocacy program

How can health center staff be trained to offer a supported connection to a DSV advocacy program when a patient discloses experiences of abuse? How can survivors referred from the DSV program to the health center partner get to gain access to next day appointments for immediate medical needs?

- Download a sample MOU: <https://healthpartnersipve.org/resources/sample-memorandum-of-understanding/>
- Bi-directional Infographic: <https://healthpartnersipve.org/resources/partnerships-between-hcs-and-dv-and-sv-advocacy-programs-bi-directional-infographic/>



Adaptable Health Center Protocol on IPV/HT/E

In English and Spanish:

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

[Name of Community Health Center]	
MANUAL: Clinical	Section:
Exploitation, Human Trafficking, and Intimate Partner Violence	
Policy Approved:	Procedures Last Revision Date:
Policy Last Review Date:	Procedures Last Review Date:

Protocol for HRSA-supported Community Health Centers to Engage Patients through Universal Education Approaches on Exploitation (E), Human Trafficking (HT), Domestic Violence (DV) and Intimate Partner Violence (IPV)

Protocol Purpose: The protocol purpose is to prevent exploitation, human trafficking, domestic violence, and intimate partner violence by helping patients have healthy relationships and promote their health as workers. This will occur through universal education about healthy relationships and fair labor practices for the prevention of abuse, violence, and exploitation. The protocol will enable the health center to provide trauma-informed, survivor-centered care; intervention with clinical and case management services; and formalized ways to connect patients with community-based services that provide resources for domestic violence, employment assistance, housing, food, civil legal aid, and other basic needs. Also, health centers will attend to the patients' physical and mental health needs and create safety plans in partnership with community-based advocates. Patients often have physical and emotional safety needs that must be supported by trauma-informed protocols and healing services. For example, health impacts of domestic violence and human trafficking/exploitation include exacerbation of chronic illness, sexually transmitted infections, reproductive coercion, traumatic brain injuries and history of strangulation, anxiety, depression, and post-traumatic stress disorder (PTSD). (For more information about the health impact of trauma and abuse, and to download community health center tools on these topics visit: <https://ipvhealthpartners.org/>).

This protocol also serves as a support resource for health center staff. Given the prevalence of violence and exploitation in communities, health center employees also have personal experiences of violence, abuse, trauma, or exploitation, and may experience vicarious trauma, secondary traumatic stress, or PTSD re-traumatization from caring for patients affected by violence. The community-based resources in this protocol also serve as resources for staff. In addition, it is recommended that health centers create workplaces free from domestic violence, sexual harassment and violence, and stalking (helpful policies and toolkits are available through [Workplaces Respond to Domestic and Sexual Violence: A National Resource Center](https://www.workplacesrespond.org/), a project of Futures Without Violence, visit <https://www.workplacesrespond.org/>).

This protocol addresses both [intimate partner violence \(IPV\)](#) and [domestic violence \(DV\)](#) and the terms are used interchangeably (with "domestic violence" as the broader term across the document).

(Version: July, 2021)

OCHIN Epic Smart Tool

This Health Information Technology (HIT) Memo discusses how health centers can partner with HIT platforms to improve patient quality of care and privacy.

OCHIN

Addressing Intimate Partner Violence and Human Trafficking with New OCHIN SmartTools

Introduction

Intimate Partner Violence (IPV) and Human Trafficking (HT) are serious public health problems affecting millions of people every year. Health care providers and staff play a crucial role in identifying and responding to IPV/HT, as they may be the first point of contact for survivors seeking help. Health Information Technology (HIT) can be a useful tool in improving the health care response to IPV while also protecting survivors' privacy and confidentiality. Electronic Health Records (EHRs) can be used to document IPV and provide prompts and scripts for providers on how to discuss IPV and promote prevention. These tools can facilitate standardized and confidential conversations, making it easier for providers to initiate discussions about IPV and provide appropriate referrals and support. [In a randomized controlled trial at four family planning clinics in Western Pennsylvania](#), provider scripts showed promise in improving implementation of universal education about intimate partner violence and decreasing experiences with abusive and coercive behaviors.

"These tools provide a great opportunity to screen and have a rich conversation with patients"
-Health Care Provider

"Tool is easy to use and having it integrated into the flowsheet is a great time-saver"
-Health Care Provider

[Health Partners on IPV + Exploitation](#), a project of Futures Without Violence, provides training and technical assistance to the nation's network of **15,000 health centers (HCs)** that reach **30 million people annually**.

As part of our ongoing efforts, we reached out to OCHIN to partner on the development and design of tools in OCHIN's Epic platform to improve health center responses to IPV specifically implementing CUES and:

- Facilitate workflow
- Facilitate and drive practice change
- Facilitate data collection
- Identify areas for improvement and gaps in response for clinic flow

HIT platforms can also help health care providers coordinate care for patients who disclose IPV, ensuring they receive appropriate medical and mental health services, advocacy, and safety planning. Finally, HIT platforms can also help health centers document and track IPV-related assessment, services, and referrals, ensuring continuity of care across different providers and locations. These platforms facilitate data collection for quality improvement initiatives and compliance with regulatory requirements –such as the new UDS measures on IPV.

<https://healthpartnersipve.org/resources/addressing-ipv-ht-with-new-ochin-smarttools/>

