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:

1. **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.

2. **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?

3. **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: nmdv.org/content/state-u-s-territory-coalitions
     - Tribal Coalitions: www.niavic.org/tribal-coalitions

4. **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.

5. **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.

6. **Develop a procedure for bi-directional warm referrals**
   - How can health center staff be trained to offer a supported connection to a DSV advocacy program?
   - Likewise DSV advocates can offer a warm referral to the health center for clients who are in need of health care.

**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 is a bi-directional warm referral?**

- A warm referral is a supported connection to a DSV advocate. Providers must be able to describe the DSV program’s services and facilitate immediate support through phones, chat or onsite advocacy.
- Likewise DSV advocates can offer a warm referral to the health center for clients who are in need of health care.
- Learn more about safety cards at ipvhealthpartners.org/adopt

**What are the benefits for staff and 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

**Track your success**

- Data is important to demonstrate the impact of the partnership for program development and sustainability.
- Key resource: Sample Quality Assessment and Improvement Tools

**Identify and address challenges**

- Integrating and expanding new services and partnerships will present challenges.
- Take time to explore barriers that come up, such as time constraints or discomfort with discussing violence.
- Connect to resources and capacity building opportunities.
- Organize cross training with your DSV advocacy partners.

- Key resource: Building Fruitful Partnerships

**For key resources and to learn more visit:**

IPVHealthPartners.org/partner

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