

Enhancing Emergency Preparedness in Health Centers for Addressing IPV, HT, and Exploitation

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PURPOSE:

This educational brief outlines strategies for enhancing [emergency preparedness in health centers \(HCs\)](#), focusing on [intimate partner violence \(IPV\)](#), [human trafficking \(HT\)](#), and [exploitation \(E\)](#). By implementing improved protocols and strengthening community collaborations, HCs can better serve vulnerable populations during [public health emergencies](#) and natural disasters.

THE ISSUE:

[Health Centers \(HCs\)](#) provide essential care to [32.5 million people annually](#), including those uninsured and impoverished. IPV is a prevalent issue with [1 in 2 women and 2 in 5 men report experiencing IPV in their lifetime](#)—patients who experience IPV, HT, and E experience a range of adverse health issues. Emergencies increase the incidence as survivors face heightened isolation and reduced access to services, making it critical for HCs to strengthen their preparedness.

BACKGROUND:

Historical data show that crises exacerbate rates of IPV and HT/E. For instance, reports of abuse and [trafficking](#) surged during [Hurricane Katrina](#) and the [COVID-19 pandemic](#).

MITIGATION (PRE-CRISIS)

Actions taken to prevent or reduce the causes and impacts of disasters. HCs can:

- [Formalize partnerships](#) with [community-based domestic and sexual violence \(D/SV\) programs](#), and anti-trafficking programs.
- Adopt the [CUES Intervention](#) and educate all staff on the dynamics of IPV and lessons learned from recent disasters or public health emergencies.
- Coordinate with [state and local health departments](#) as part of their emergency management planning, preparedness, mitigation, and response efforts.
- [Develop medical-legal partnerships](#) and establish connections with culturally specific programs (e.g., elder, youth, community centers, etc.).
- Integrate trauma-sensitive [social drivers of health \(SDOH\)](#) assessments into routine care to better understand patient needs and risks.
- Conduct an [area-specific risk evaluation](#) by analyzing the most likely future disasters in the local area, paired with a [community needs assessment](#).
- Consider impacts of IPV/HT/E on staff and implement [workplace policies](#).

PREPAREDNESS (PRE-CRISIS)

Planning, training, and educational initiatives. It's not a question of whether a crisis will occur, but rather when it will occur:

- **Adapt protocols** for identifying and responding to IPV, HT, and E during emergencies, ensuring all patients receive education about available resources.
- Invest in **comprehensive staff training**, focusing on empathic listening, trauma-informed care, and emergency preparedness.
- **Establish memoranda of understandings (MOUs)** with community organizations specializing in IPV and HT to ensure seamless referrals during a crisis.
- Ensure that emergency alert systems include **in-language alerts** and audio-only formats for people with limited English proficiency or limited literacy.
- Evaluate **compliance with Emergency Preparedness regulations** to participate in the Medicare or Medicaid program.

RECOVERY (POST-CRISIS)

*Efforts to restore services occur **alongside** regular operations:*

- Provide universal education about legal, social, and safety resources through the evidence-based **CUES intervention**, collaborating with community partners.
- Evaluate the response post-emergency to assess effectiveness and improve future preparedness plans.
- Debrief with staff and CBO partners to assess what worked well and needs improvement.
- Gather feedback from patients/survivors about the HC's emergency response and community referrals.

RESPONSE (CRISIS)

Occurs immediately after a disaster, and involves implementing disaster response plans:

- Utilize **SDOH assessments** to identify patient needs and guide response efforts.
- Develop a **communication plan** to **keep patients informed during an emergency**, including details on IPV and exploitation resources.
- **Leverage EHR systems** to identify patients with a history of IPV, HT/E, enabling health centers to proactively reach out to check on their well-being and provide timely support during a crisis.
- Ensure to **maintain patient confidentiality** during public health emergencies and disruptions.
- Connect with **community partners** to identify real-time needs, necessary pivots, and opportunities to strengthen outreach and response.

Health Centers May Effectively Address IPV, HT, and Exploitation by:

1. Standardizing universal education on available resources.
2. Enhancing data collection through comprehensive SDOH assessments and UDS.
3. Strengthening partnerships with community organizations.
4. Training all staff in trauma-informed approaches, universal education, and emergency preparedness.

About Health Partners on IPV + Exploitation

Health Partners on IPV + Exploitation, a project of Futures Without Violence, 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: heathpartners@futureswithoutviolence.org

Website: <https://healthpartnersipve.org/>

Visit www.IPVHealthPartners.org, an online toolkit on how to build partnerships between community health centers and domestic violence programs to support survivor health.

Resources from Health Partners on IPV + Exploitation

Addressing IPV and Exploitation in Health Centers (CUES infographic). Health Partners on IPV + Exploitation. (2024). healthpartnersipve.org/resources/addressing-ipv-and-exploitation-in-health-centers-cues-infographic/

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