

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 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 having experienced IPV in their lifetime](#). Survivors of 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 [human trafficking](#) surged during [Hurricane Katrina](#) and other public health emergencies.

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 partnerships with legal](#) services and establish connections with culturally specific programs (e.g., elder, youth, community centers, etc.).
- Integrate healing-centered non-clinical factors of health 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, healing-centered 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 includes alerts for people with limited English proficiency or limited literacy such as audio-only formats.
- 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 [PRAPARE 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.
- [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 non-clinical factors of health assessments and UDS.
3. Strengthening partnerships with community organizations.
4. Training all staff in healing-centered 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 center staff training on 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/>

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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Futures Without Violence Cues Videos. Health Partners on IPV + Exploitation. (2024). healthpartnersipve.org/resources/futures-without-violence-cues-videos/

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Sample Health Center Protocol. Health Partners on IPV + Exploitation. (2024). healthpartnersipve.org/resources/sample-health-center-protocol/

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