HEALTH PARTNERS ON IPV + EXPLOITATION

NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE

Strengthening Emergency Preparedness by Addressing IPV/HT/E

Tuesday, September 23, 2025

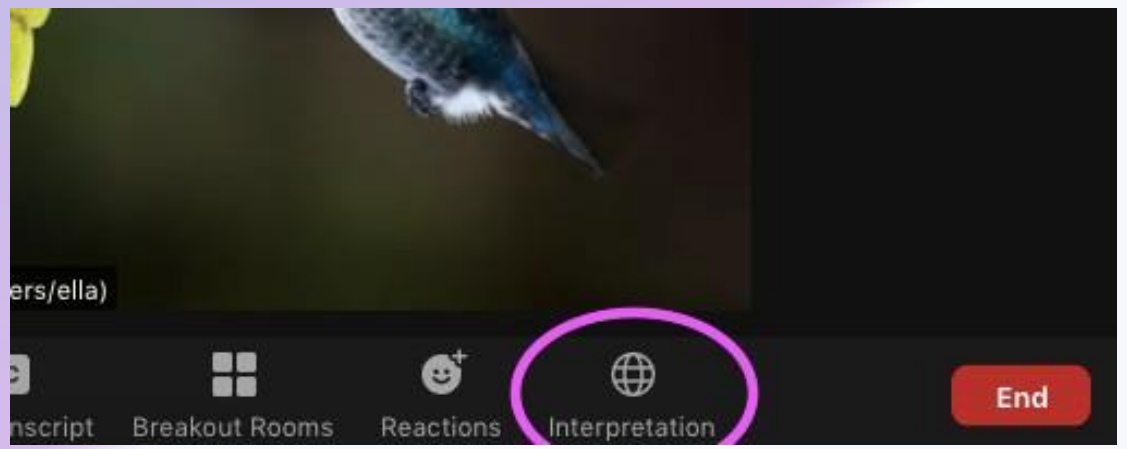
ASL & Spanish interpretation available

How To Access Language Interpretation on Zoom

Cómo Activar la Interpretación de Idiomas en Zoom

Linguaficient
Language Solutions

On your computer, find the interpretation globe icon at the bottom of your screen



En su computadora, busque el globo terráqueo que dice Interpretación en la parte inferior de su pantalla.

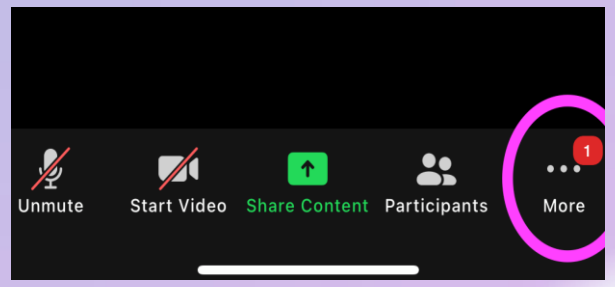
Linguaficient
Language Solutions

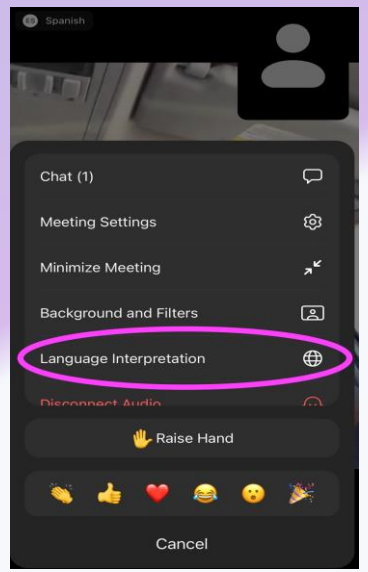
Choose English as your language. Make sure to NOT mute original audio so that you can hear the main room

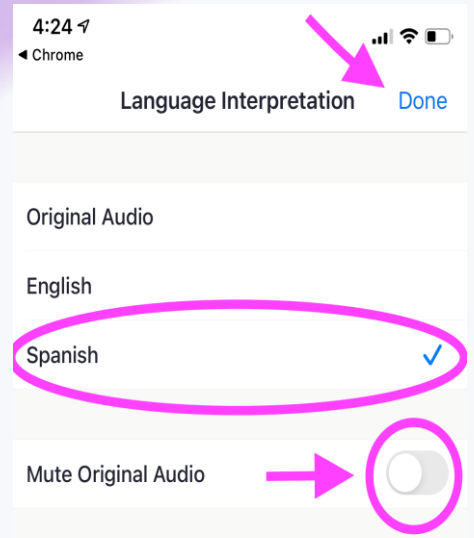
Seleccione Español. Asegúrese de Silenciar Audio Original, si solo desea escuchar al intérprete

Linguaficient
Language Solutions

If you are on a smart device, look for the three dot menu and choose Language Interpretation. Then, select English.







Linguaficient
Language Solutions

Desde un dispositivo inteligente, busque el menú de tres puntos y elija Interpretación. Después, escoja "Español" y silencie el audi o original.

OTHER USEFUL TIPS:

- Mute your mic unless you are speaking.
- Spanish is 15 to 30% longer than English. Don’t rush when speaking.
- Expand acronyms every time you say them.
- Interpretation is not available from a Chromebook or if you dial into Zoom.

OTROS CONSEJOS ÚTILES:

- Silencie su micrófono si no está hablando.
- No se apresure al hablar.
- No utilice acrónimos al hablar.
- No podrá acceder a la interpretación a través de un Chromebook o si marca por teléfono a la reunión de Zoom

Linguaficient
Language Solutions

If you have any questions regarding interpretation, please post them in the chat so that a facilitator can help you.

Si tiene alguna pregunta o dificultad para acceder a la interpretación, escriba en el chat para que le ayude un facilitador.

Linguaficient
Language Solutions

andrea@linguaficient.com

Agenda

- Welcome & Introduction
- Definitions and Prevalence IPV/HT/E
- IPV/HT/E and Emergencies
- CUES Intervention
- Building Partnerships Between HCs and DSV programs
- CMS Emergency Preparedness Protocol
- Resources + Evaluation

NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE

HEALTH PARTNERS ON IPV + EXPLOITATION

FUTURES WITHOUT VIOLENCE®

Futures Without Violence is a nonprofit with a mission to heal those among us who are impacted by violence today and to create healthy families and communities free of violence tomorrow.

Home to the National Health Resource Center on Domestic Violence and Health Partners on IPV + Exploitation.

Health Partners on IPV + Exploitation

Led by Futures Without Violence (FUTURES) and funded by HRSA's BPHC to work with health centers to support those at risk of experiencing or surviving intimate partner violence, human trafficking, or exploitation and to bolster prevention efforts.

We offer health center staff ongoing free educational programs including:

- ✓ Small group trainings
- ✓ Webinars + archives
- ✓ Clinical and patient tools, evaluation + EHR smart tools

Learn more: www.healthpartnersipve.org

HEALTH PARTNERS ON IPV + EXPLOITATION

The National Health Resource Center on Domestic Violence

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.

www.ipvhealth.org
store.futureswithoutviolence.org

NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE

Speakers

Anna Marjavi
Director
Health Partners on IPV+E
Futures Without Violence

Erica Monasterio, MN, FNP-BC
Consultant
Health Partners on IPV + E
Futures Without Violence

Megha Rimal, MSW
Program Specialist
Health
Futures Without Violence

Definitions of Intimate Partner Violence

A person(s) in a relationship is using a **pattern** of methods and tactics to gain and maintain **power and control** over the other person.

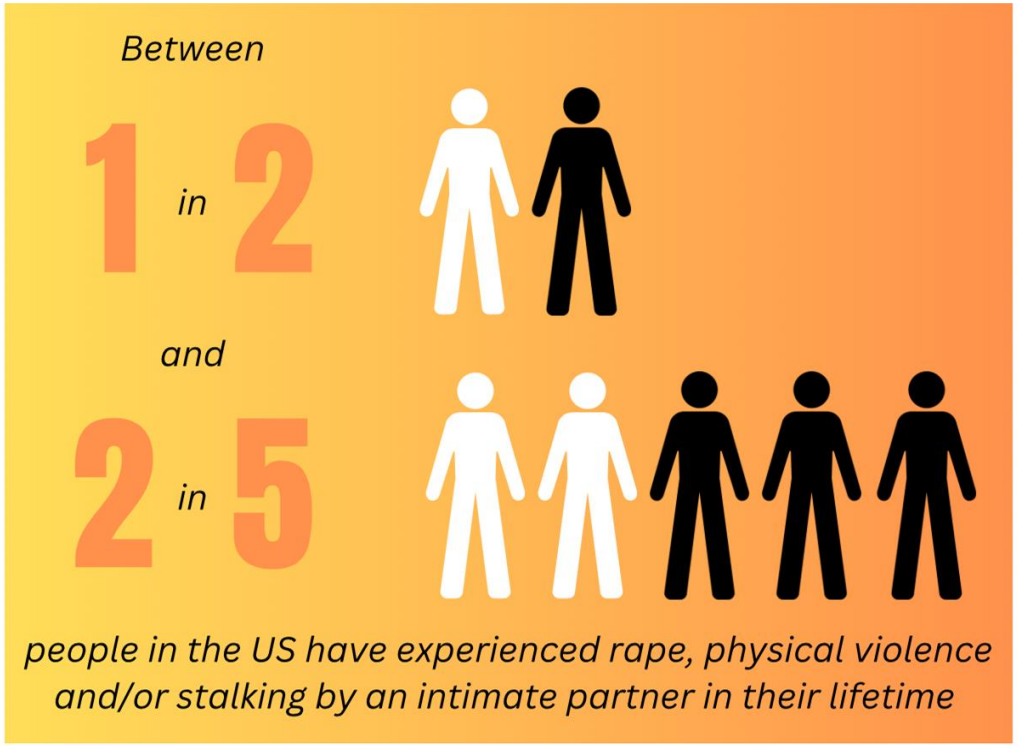
- Legal definitions are often more narrowly defined with particular focus on physical and sexual assault

- Public health definitions include a broader range of controlling behaviors that impact health including:

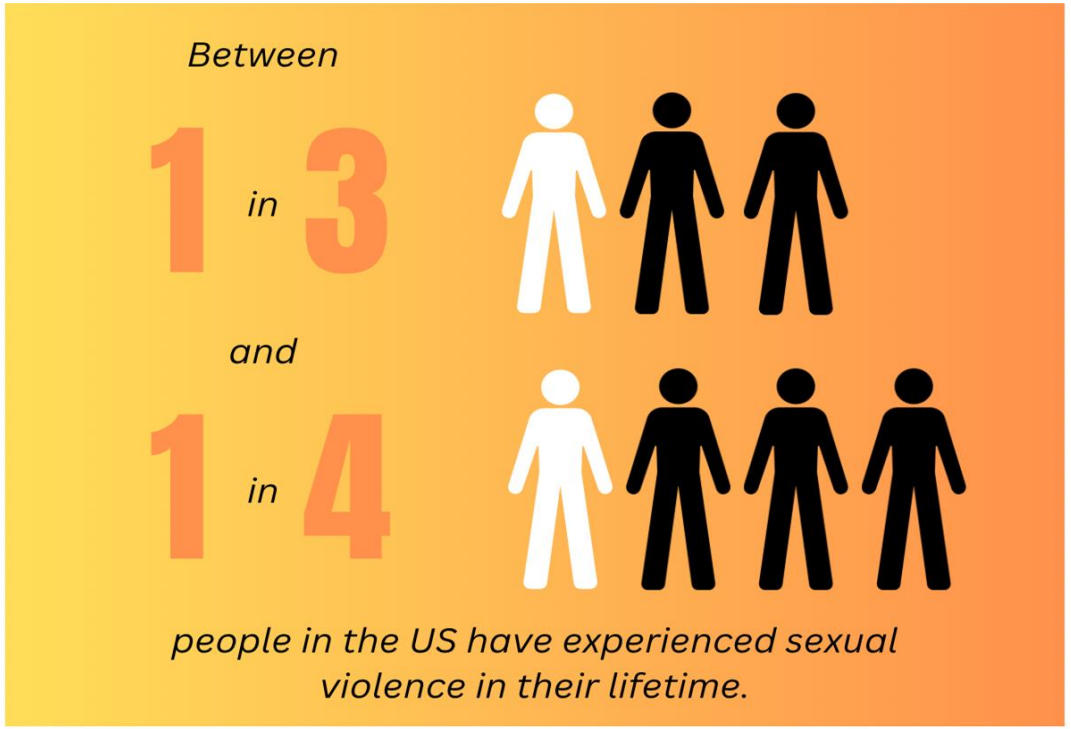
  ✓ **Emotional Abuse**
  ✓ **Social Isolation**
  ✓ **Stalking**
  ✓ **Intimidation and Threats**

Prevalence

Intimate Partner Violence



Sexual Violence



The National Intimate Partner and Sexual Violence Survey 2016/2017 Report on Intimate Partner Violence
https://www.cdc.gov/nisvs/documentation/NISVSReportonIPV_2022.pdf

What is Human Trafficking?
Trafficking Federal Legislative Definition

Victims of Trafficking and Violence Protection Act of 2000 (TVPA)

A. **Labor Trafficking**: The *recruitment, harboring, transportation, provision, or obtaining* of a person for *labor or services*, through the use of *force, fraud, or coercion* for the purpose of subjection to *involuntary servitude, peonage, debt bondage, or slavery*.

A. **Severe Forms of Sex Trafficking:** The *recruitment, harboring, transportation, provision, or obtaining* of a person for

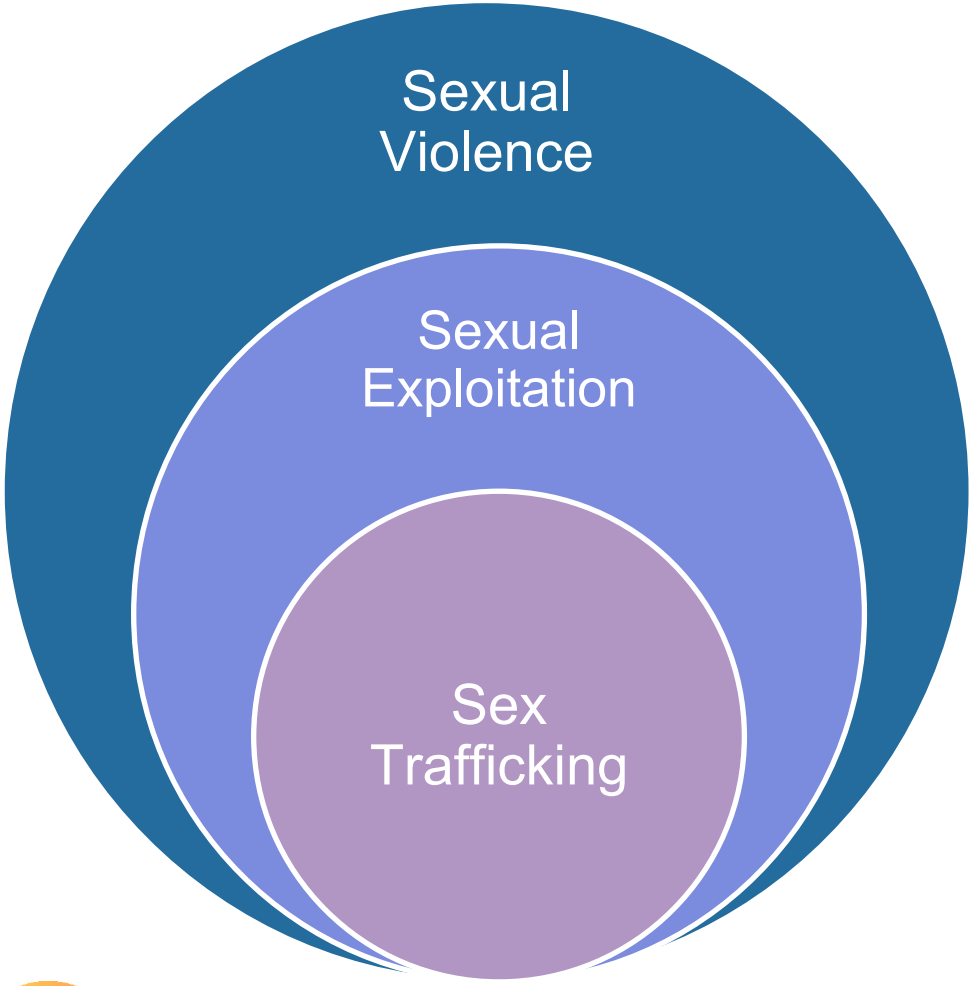
1. A *commercial sex act* induced by *force, fraud, or coercion*,
2. Or in which the person induced to perform such act has *not attained 18 years of age*

Labor Exploitation, Wage Theft, Labor Trafficking: A Spectrum of Experiences

Labor exploitation: an employer unfairly benefits from employee's work. Labor exploitation is not a legal term—in fact, not all forms of labor exploitation are illegal.

Labor violations: a legal term used when employers violate federal, state, or municipal laws related to worker treatment, workplace safety, or recordkeeping requirements.

Sexual Violence, Sexual Exploitation, Sex Trafficking: A Spectrum of Experiences



Sexual Violence: includes rape, sexual assault, sexual harassment, nonconsensual image sharing, incest, child sexual assault, public masturbation, watching someone engage in private acts without their consent, unwanted sexual contact/touching

Sexual Exploitation: Actual or attempted abuse of a position of vulnerability, power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exchanges:

- Coercion from employers/workplace
- Coercive rent/debt exchange
- Trading drugs

IPV/HT/E and Emergencies

IPV Increases After Emergencies

- Disasters and PHEs are a time of increased severity and prevalence of IPV.

- One study showed an increase from 33.6% to 45.2% victimization rate for women and 36.7% to 43.1% for men after experiencing Hurricane Katrina (Schumacher et al., 2010).

- Survivors of IPV have unique safety needs that have not been historically or routinely addressed in preparedness planning.

HT/Exploitation Increases During Emergencies

Instability after a disaster can make people especially vulnerable to trafficking

- In the five years following Hurricane Katrina, over **3,750** survivors of human trafficking were identified in the Gulf Coast region. (Lane et al, 2022)

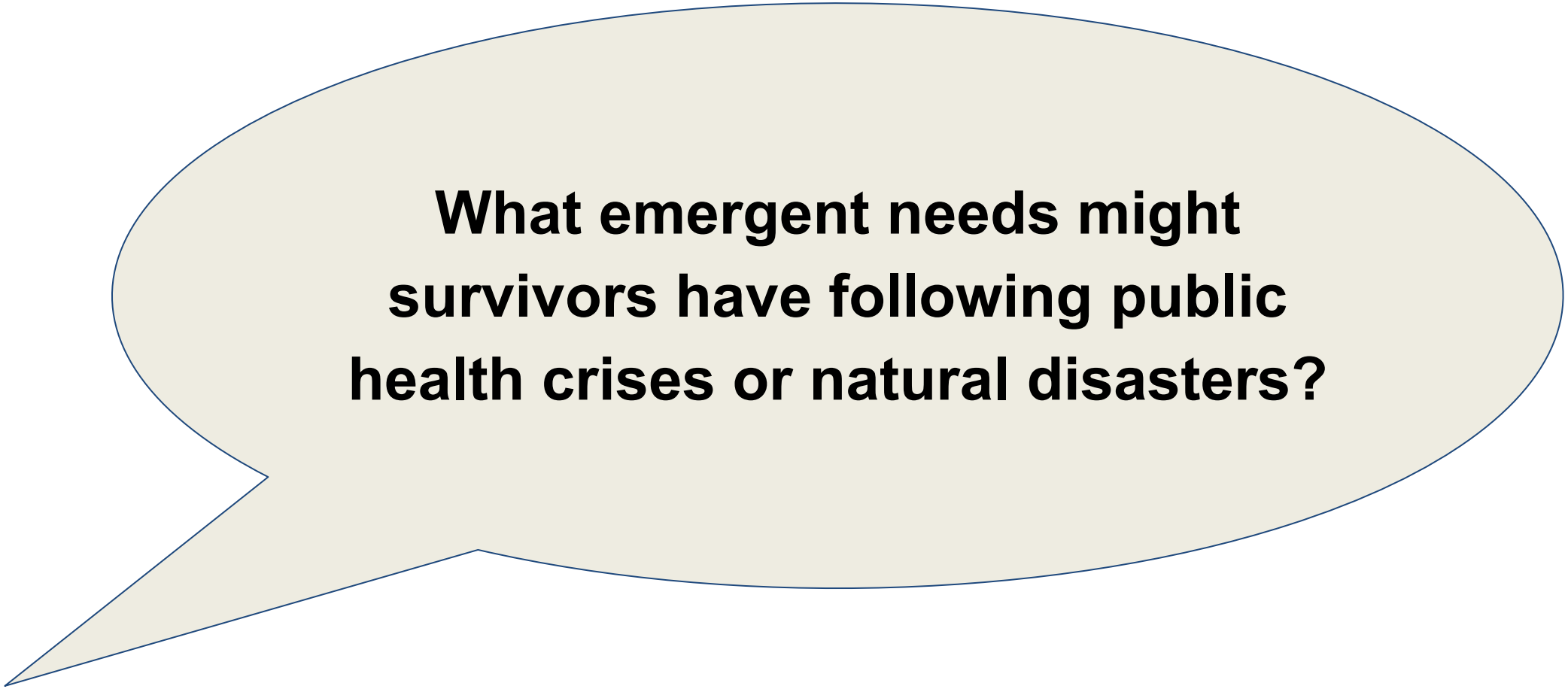
People may be made more vulnerable because they are:

- Displaced from their homes (temporarily living in a shelter)
- Separated from family and friends
- Experiencing a disruption of law enforcement, services, and regulatory systems
- Disconnected from supportive services
- Unable to safely earn income and be self-sufficient
- Unable to communicate in English/access English-language materials

(Hoogesteyn et al, 2024)

Human Trafficking in the Wake of a Disaster
https://archive.cdc.gov/www_cdc_gov/disasters/human_trafficking_info_for_shelters.html

Type in the chat…



After an Emergency, Safety Needs are Heightened

- Escalation of Violence
- Shelter Safety
- Economic Hardship
- Social Isolation
- Transportation Barriers
- Legal Hurdles
- Access to Aid
- Communication Disruption
- Childcare Issues
- Chronic distress

(Ragavan et al., 2022)

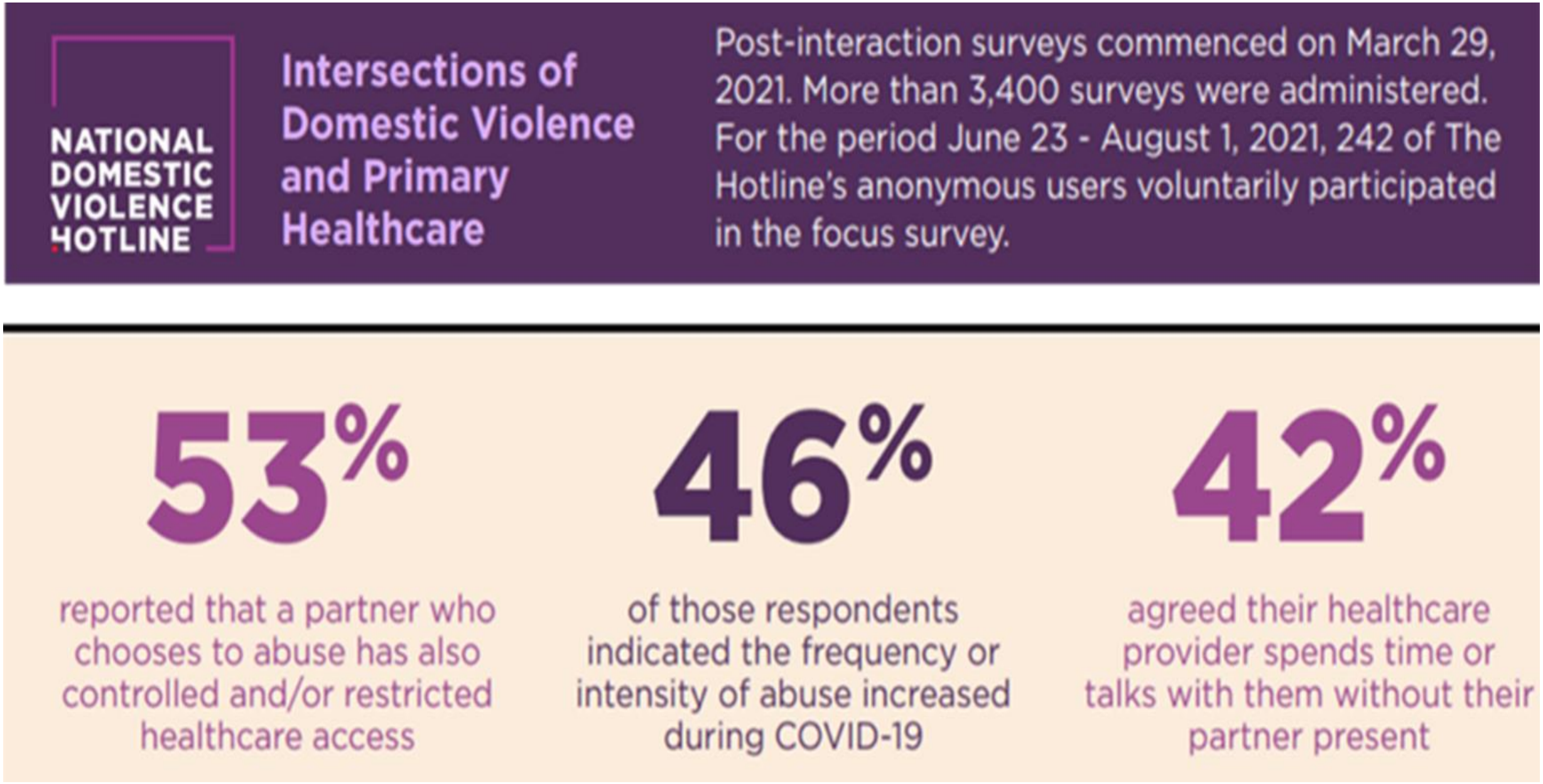
Experiences During a Public Health Emergency

"A lot of times the abuser will use quarantine against you and say, 'You are not allowed to see any of those people. It's unsafe.'"

"[The IPV survivor's] stimulus check, the money for their kids, was put right into their joint bank account that she has zero access to. She's still been trying to get her share of the money back."

Providers' reports of survivors' experiences

Ragavan et al., 2022



https://www.thehotline.org/get-help/healthcare-and-abuse/

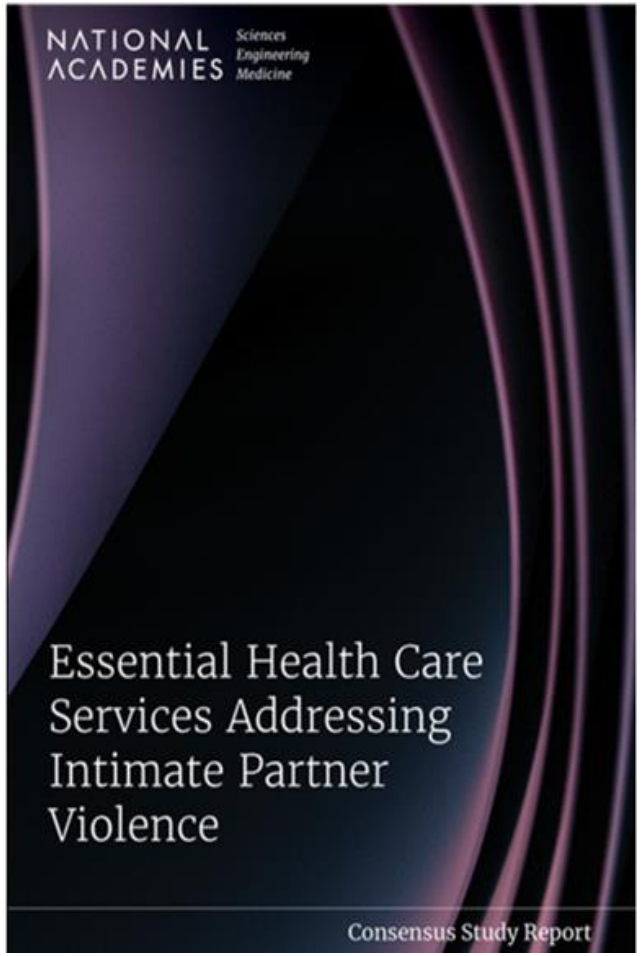
Conclusions from National Academy of Sciences Report

- Essential health care services related to IPV can be delivered during Public Health Emergencies (PHEs) if considerations for this care are incorporated into planning and preparation.
- Requires education, training, protocols, and supplies for IPV care during PHEs.
- Establishing partnerships and referral protocols as part of preparing for public health emergencies.

TABLE S-1 Essential Health Care Services for IPV During Public Health Emergencies—A Phased Return to Steady State

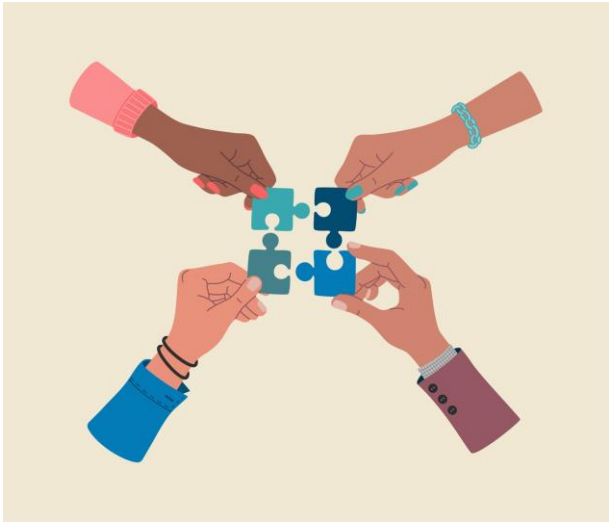
	PHASE WHEN SERVICE SHOULD BE RESTORED		
Essential Health Care Service	**Initial**	**Response operations**	**Stabilization**
Universal IPV screening/inquiry and education			
Safety planning			
Forensic medical exams			
Emergency medical care			
Treatment of physical injury			
Gynecologic and reproductive health care including pregnancy termination	Urgent	Non-urgent	
Obstetric care	Urgent	Non-urgent	
Perinatal home visits			
Contraception and emergency contraception	Contraceptives not requiring procedures or immediate follow-up	All types of contraceptives	
Screening and treatment of sexually transmitted infections and HIV	Treatment and rapid testing	Treatment and all screening	
Substance abuse treatment	Withdrawal mitigation	All treatment	
Pharmacy/medication management			
Primary and specialty care			
Mental health care	Urgent/Crisis	Non-urgent	
Dental care	Urgent treatment for acute injuries	Urgent treatment for acute injuries	
Support services including shelter, nutritional assistance, child care			

Restore services for all patients
Selectively restore services for acute needs or restore targeted services
Do not restore services during this phase



https://nap.nationalacademies.org/resource/27425/IPV_Protecting_Women_During_Disaster.pdf

Building Partnerships Between Health Centers (HC) and Domestic Sexual Violence (DSV) Programs



Overview of Health Centers (HCs)

Health centers are community-based and patient-directed organizations that deliver no-cost/ low-cost comprehensive primary health care.

They often include:

- Pharmacy
- Mental health services
- Substance abuse programs
- Oral health services

Photo: CHC Staff at Asian Health Services in Oakland, CA in 2021

Find your health center

- Find a Health Center

Find your State and Territory Primary Care Associations

- Directory of PCAs & HCCNs - NACHC

Domestic/Sexual Violence Advocacy Programs

Domestic violence and sexual assault programs have vast experiences working with survivors of violence and assist them to identify ways to increase personal safety while assessing the risks.

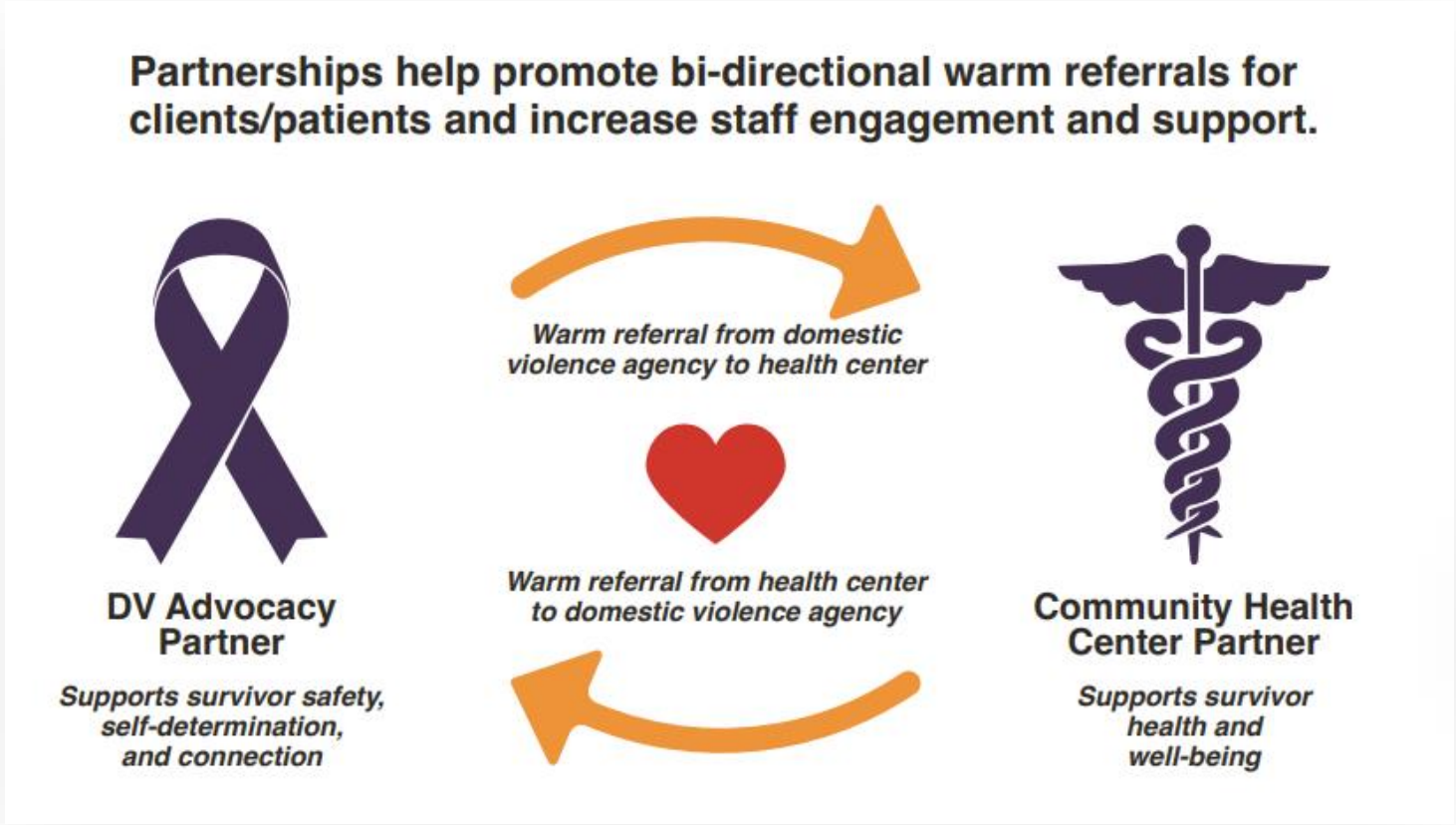
Advocates connect patients to additional services like:

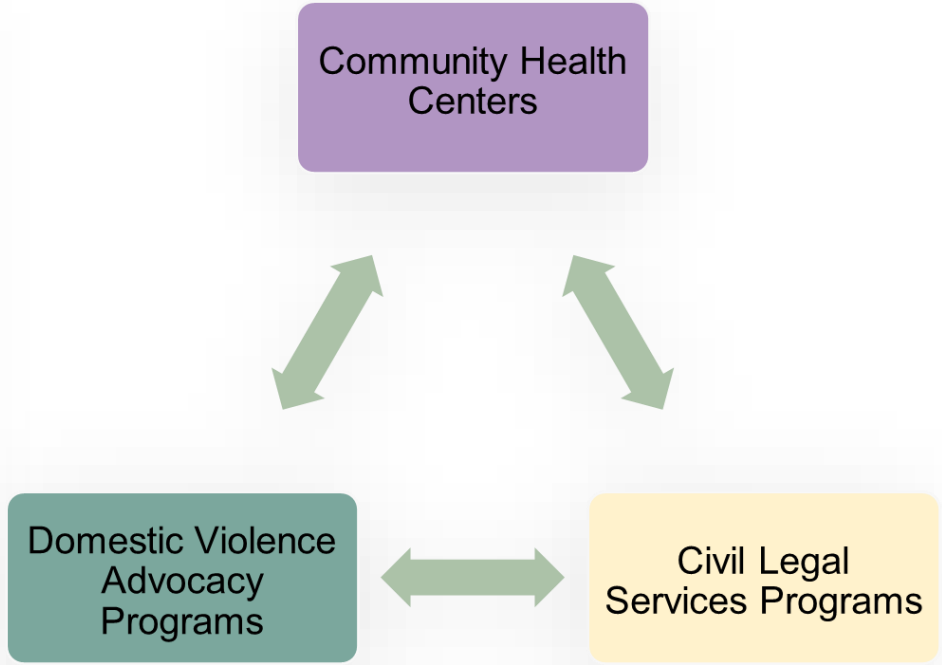
- Crisis safety planning (usually 24/hour hotline)
- Housing (emergency and transitional)
- Legal advocacy for IPV/HT, family court, labor
- Support groups/counseling
- Employment support

Find your State and Tribal Coalitions Against Domestic Violence

- State and U.S. Territorial Coalitions
- Tribal Coalitions

The Heart of the Model: Building Meaningful Partnerships



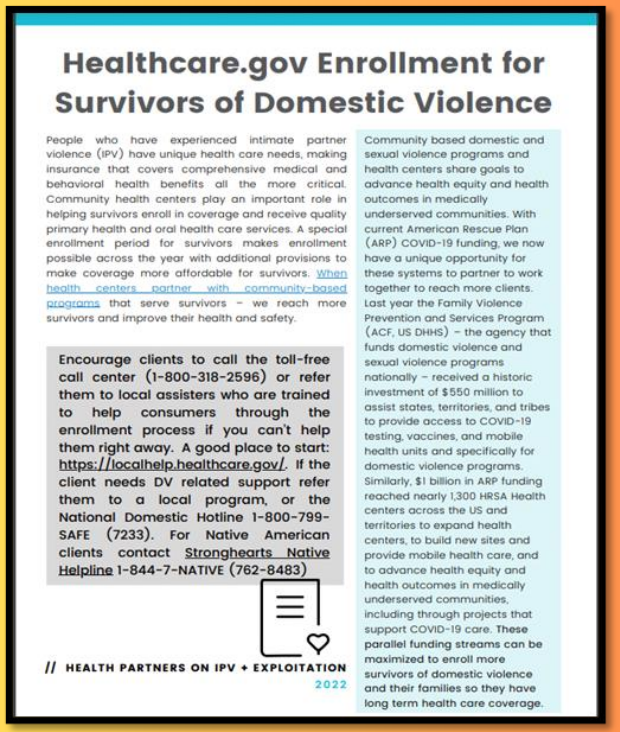


Partnership Benefits- Local Level

- Support for health center staff + patients who experience DSV and safety planning
- Facilitate health enrollment for clients and staff
- Help establishing a primary care provider (PCP) – moving away from emergency-level care
- Provide warm referrals
- Collaborate on emergency preparedness.

Partnership Resources

- Health Care Enrollment for Survivors of Domestic Violence
- Partnerships Between Health Centers and Domestic and Sexual Violence Advocacy Programs (Bi-directional Infographic)



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.

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: https://localhelp.healthcare.gov/. If the client needs DV related support refer them to a local program, or the National Domestic Hotline 1-800-799-SAFE (7233). For Native American clients contact Strongheart Native Helpline 1-844-7-NATIVE (762-8483)

// HEALTH PARTNERS ON IPV + EXPLOITATION
2022

Community based domestic and sexual violence programs and health centers share goals to advance health equity and health outcomes in medically underserved communities. With current American Rescue Plan (ARP) COVID-19 funding, we now have a unique opportunity for these systems to partner 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 HRSA 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.

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:

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.

Assess the needs of your community

Identify champions in your health center and community

Connect with community-based DSV advocates

Define the partnership

Promote privacy and confidentiality

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

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

Build Partnerships: Collaborate on IPV/HT

- Introduce yourself and your organization's services, including hours, transportation and enrollment.

- Adapt an MOU to formalize collaborations and referral processes; establish before emergencies occur.

- Collaborate with local, county, and state emergency preparedness groups to plan and reduce IPV and HT/E.

- Engage community leaders to map phone trees, text alerts, and other local systems to reach those with the greatest barriers (e.g., elders, people with disabilities).

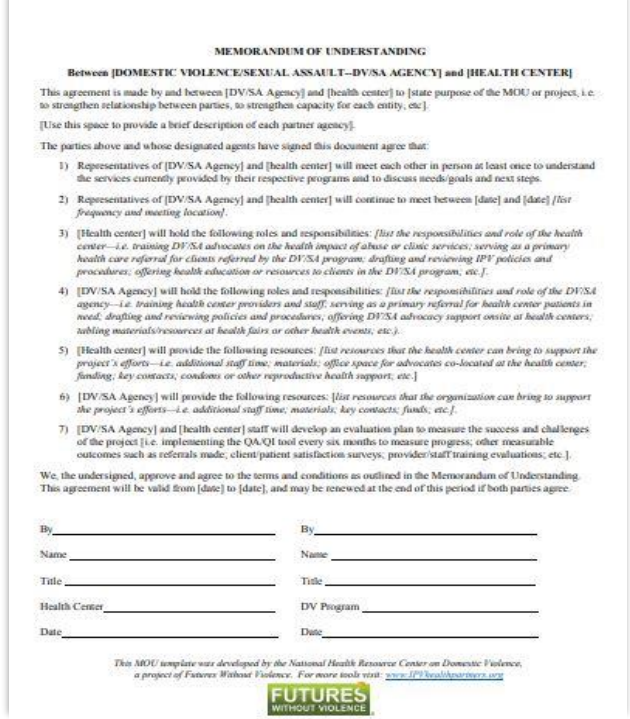
Memorandum of Understanding

An MOU between your health center + DSV program may help:

- ✓ Establish a formal working relationship
- ✓ Create an avenue for bi-directional warm referrals
- ✓ Identify strategies to support staff

Adaptable tools:

- ✓ Sample MOU in English and Spanish
- ✓ Building and Sustaining Fruitful Partnerships
- ✓ DV Advocates' Guide to Partnering with Health Care



MEMORANDUM OF UNDERSTANDING

Between [DOMESTIC VIOLENCE/SEXUAL ASSAULT--DV/SA AGENCY] and [HEALTH CENTER]

This agreement is made by and between [DV/SA Agency] and [health center] to [state purpose of the MOU or project, i.e. to strengthen relationship between parties, to strengthen capacity for each entity, etc].

[Use this space to provide a brief description of each partner agency].

The parties above and whose designated agents have signed this document agree that:

1) Representatives of [DV/SA Agency] and [health center] will meet each other in person at least once to understand the services currently provided by their respective programs and to discuss needs/goals and next steps.
2) Representatives of [DV/SA Agency] and [health center] will continue to meet between [date] and [date] *[list frequency and meeting location]*.
3) [Health center] will hold the following roles and responsibilities: *[list the responsibilities and role of the health center—i.e. training DV/SA advocates on the health impact of abuse or clinic services; serving as a primary health care referral for clients referred by the DV/SA program; drafting and reviewing IPV policies and procedures; offering health education or resources to clients in the DV/SA program, etc.].*
4) [DV/SA Agency] will hold the following roles and responsibilities: *[list the responsibilities and role of the DV/SA agency—i.e. training health center providers and staff; serving as a primary referral for health center patients in need; drafting and reviewing policies and procedures; offering DV/SA advocacy support onsite at health centers; tabling materials/resources at health fairs or other health events; etc.).*
5) [Health center] will provide the following resources: *[list resources that the health center can bring to support the project's efforts—i.e. additional staff time; materials; office space for advocates co-located at the health center; funding; key contacts; condoms or other reproductive health support; etc.]*
6) [DV/SA Agency] will provide the following resources: *[list resources that the organization can bring to support the project's efforts—i.e. additional staff time; materials; key contacts; funds; etc.].*
7) [DV/SA Agency] and [health center] staff will develop an evaluation plan to measure the success and challenges of the project [i.e. implementing the QA/QI tool every six months to measure progress; other measurable outcomes such as referrals made; client/patient satisfaction surveys; provider/staff training evaluations; etc.].

We, the undersigned, approve and agree to the terms and conditions as outlined in the Memorandum of Understanding. This agreement will be valid from [date] to [date], and may be renewed at the end of this period if both parties agree.

By_____ By_____

Name_____ Name_____

Title_____ Title_____

Health Center_____ DV Program_____

Date_____ Date_____

This MOU template was developed by the National Health Resource Center on Domestic Violence, a project of Futures Without Violence. For more tools visit: www.IPVhealthpartners.org

FUTURES WITHOUT VIOLENCE

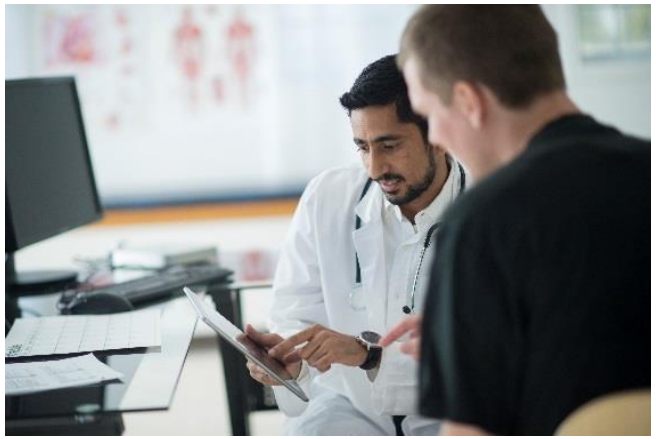
Before, During and After Emergencies:

CUES: An Evidence- Based Intervention

CUES: Confidentiality, Universal Education, and Support Infographic

Universal Education

Provides an opportunity for clients to make the connection between violence, health problems, and risk behaviors.



**** If you currently have IPV/HT screening as part of your health center requirements: we strongly recommend first doing universal education.***

CUES: An Overview

C: Confidentiality

- See patient alone for part of every visit, disclose limits of confidentiality

UE: Universal Education

- Normalize activity:

  "I've started giving two of these cards to all of my patients—in case it's ever an issue for you because relationships can change and also for you to have the info so you can help a friend or family member if it's an issue for them."

- Make the connection—open the card and do a quick review:

  "It talks about healthy and safe relationships, ones that aren't and how they can affect your health...and situations where people are made to do things they don't want to do and tips so you don't feel alone"

S: Support

- Provide a "warm referral" to local domestic/sexual violence partner agency or state/national hotlines

(Three safety cards featured above)

Safety cards are available for different settings, communities and in a variety of languages: store.futureswithoutviolence.org/

Universal Education: Video vignette

https://www.youtube.com/watch?v=_N-llCsnGSI

Type in the chat…

Your initial thoughts or takeaways from the video?

Do you think the card was for her sister?

Does it matter?

Important Reminder

Though disclosure of violence is not the goal, it will happen -- know how to support someone who discloses.

Thank you for trusting me with your story.

You are not alone.

This sounds really difficult.

Support is available.

It takes a lot of courage to talk about this.

No one deserves to be treated this way.

It's not your fault.

You are so strong.

I know you love your child(ren).

Supportive and validating responses

CMS Emergency Preparedness Protocol

✓ Adapt protocols for emergency response prior to a disaster or public health emergency

The CMS Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule outlines the expectations for health centers to develop and maintain an emergency preparedness communication plan and develop and maintain annual training and testing programs.

- Centers for Medicare and Medicaid Services (CMS) Updated Emergency Preparedness Guidance
- Emergency Preparedness, Response, and Recovery Resources for Health Centers
- Threat and Hazard Identification and Risk Assessment (THIRA) and Stakeholder Preparedness Review (SPR) Guide

Three C's

As learned from State Survey Agencies (SAs), their State, Tribal, Regional, local emergency management partners

Communication **C**ollaboration **C**oordination

Promising practices are believed to facilitate efficient and effective communication and information dissemination, promote increased collaboration among individual providers and between providers and emergency management entities, and improve coordination of service provision and emergency response.

CMS and the Quality, Safety & Oversight Group

https://www.cms.gov/medicare/provider-enrollment-and-certification/survcertprompractproj/downloads/emergencypreparednessbrief.pdf

Communication- Recommendations

- Invest in services for limited English proficient patients
- Create responsive materials and programs
- Set up secure, varied ways for survivors to reach out (phone, text, online) in case some channels are disrupted
- Ensure that emergency alert systems include in-language alerts and audio only formats for people with limited English proficiency or limited literacy
- Engage community media outlets to leverage existing audio, visual, and print media efforts

Collaboration- Recommendation

- Become familiar with existing local resources and organizations, and understand their emergency plans and capacity to respond in a crisis.
- Establish memoranda of understanding to formalize partnerships and operationalize processes
- Engage in shared outreach efforts, development of phone trees, and other hyper-local systems
- Invite community leaders to participate in preparedness planning

Coordination- Recommendation

- Embed DV advocates and health center staff in emergency shelters that are setup in response to the crisis.
- Engage in continuous training on IPV/HT/E to keep staff up-to-date.
- Offer education to CBOs on health center services, health enrollment and child well visits, etc.
- Gather feedback from patients/survivors about the health center's emergency response and any community referrals, to ensure responsiveness to needs.

RESOURCES

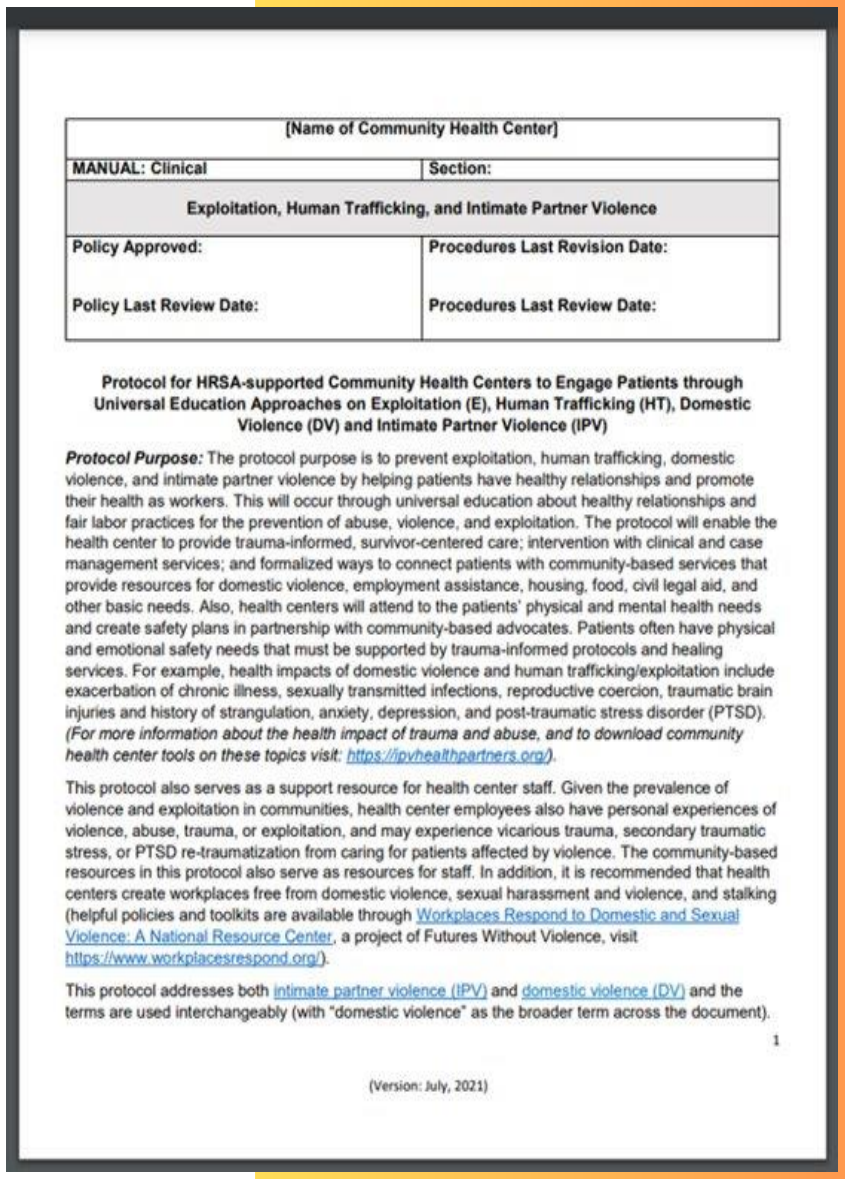
Workplaces Respond to DSV

https://workplacesrespond.org/

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: Policy Last Review Date:	Procedures Last Revision 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, 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).

1

(Version: July, 2021)

The National Health Resource Center on Domestic Violence

https://linktr.ee/CUESresources?utm_source=qr_code

Call 1.800.799.SAFE (7233)

Chat live now

Text "START" to 88788

Visit our page for Privacy Policy. Msg & Data Rates May Apply. Text STOP to opt out.

NATIONAL DOMESTIC VIOLENCE HOTLINE

Get Help

- What is a Safety Plan?
- Local Resources
- Healthcare, IPV, and Health Centers
- Legal Help
- Deaf Services
- Native American Services

Identify Abuse

Plan for Safety

Support Others

https://www.thehotline.org/get-help/healthcare-and-abuse/

Please take a moment to fill out the evaluation poll popping up on Zoom now!

We appreciate your feedback.

October Domestic Violence Awareness Month

Health Cares About Domestic Violence Day is October 8, 2025!

Join us for a 60 minute webinar:

Integrating Domestic Violence into Emergency Preparedness Planning & Response

Date: Wednesday, October 8th, 2025

Time: 8am HST/11am PST/12pm MST/1pm CST/2pm EST

https://healthpartnersipve.org/learning-opp/health-cares-about-domestic-violence-day-2025-integrating-domestic-violence-into-emergency-preparedness-planning-response/

Thank you!

HEALTH PARTNERS ON IPV + EXPLOITATION

To stay connected & informed

Sign up for our monthly digest *Catalyst for Change* at the bottom of our website:
healthpartnersipve.org

FUTURES WITHOUT VIOLENCE®

and

Join the health team's monthly newsletter:
futureswithoutviolence.org/form-page

NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE