NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE

HEALTH PARTNERS ON IPV + EXPLOITATION

FUTURES WITHOUT VIOLENCE®

Integrating Domestic Violence into Emergency Preparedness Planning & Response

Health Cares About Domestic Violence Day
Wednesday, Oct 8, 2025

English with Spanish and ASL interpretation

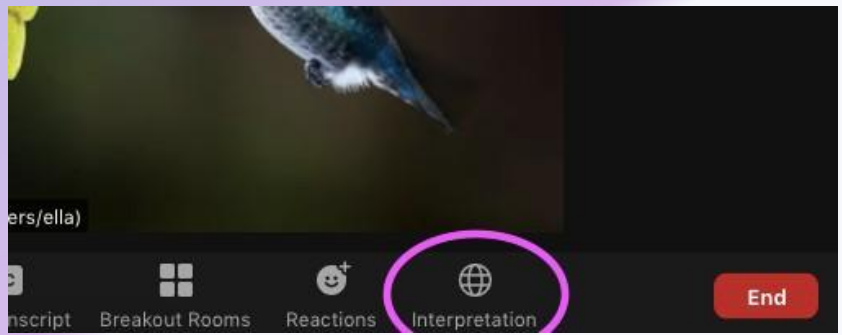
Webinar will be recorded, shared with participants and archived online

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



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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

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Then, select English.
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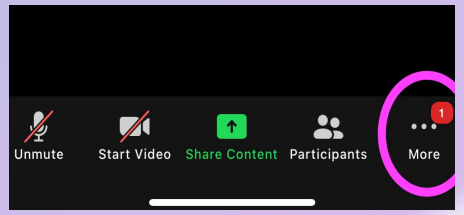

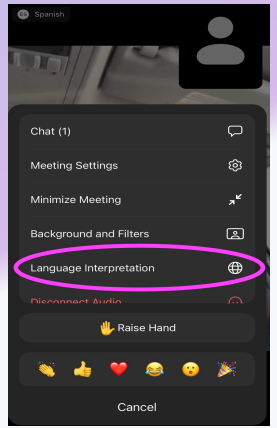

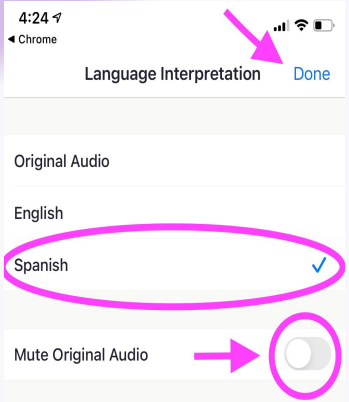

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Faculty

Virginia Duplessis, MSW
Director
National Health Resource
Center on Domestic Violence
Futures Without Violence

Kenede Pratt-McCloud
Program Assistant
Health Partners on IPV + E
Futures Without Violence

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 (DV) 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

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 (IPV/HT/E) 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

Agenda

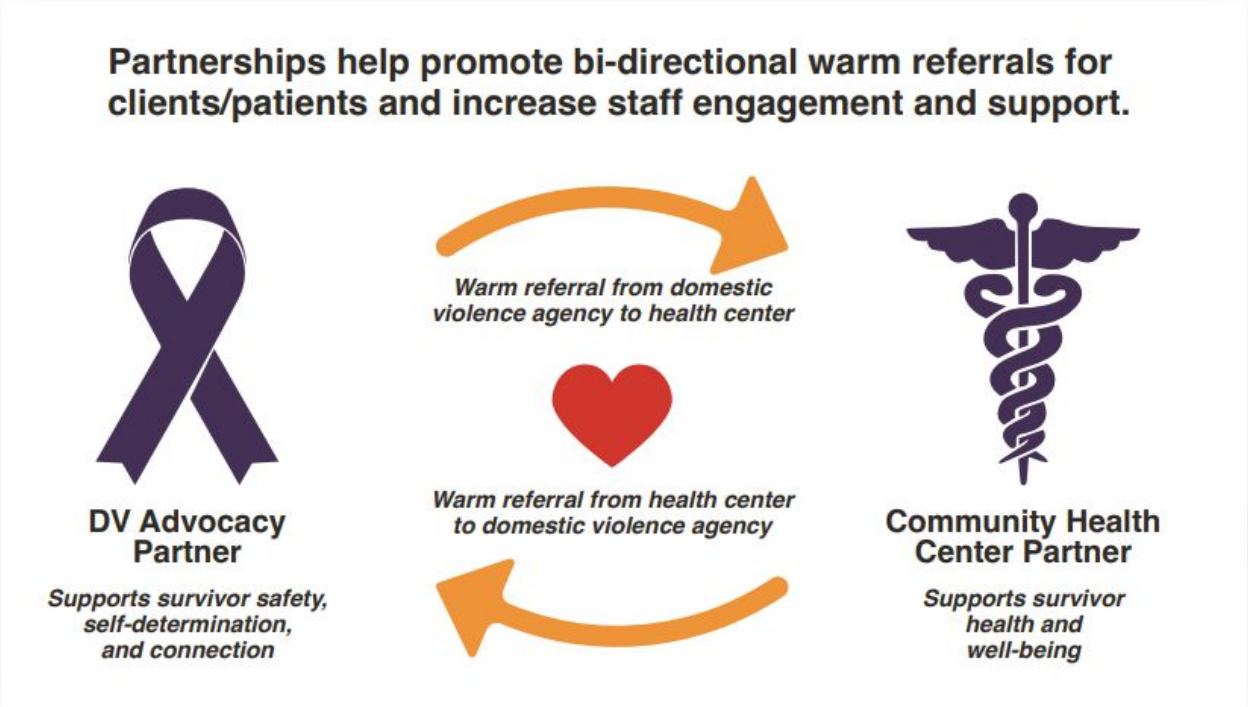
- Recapping September 23, 2025's **Strengthening Emergency Preparedness by Addressing IPV/HT/E** webinar
- **Three Featured Speakers:**
  - Sara Hicks-West, MA, CDPm
  - Debra M. Ward, MPH, Chief Executive Officer, YWCA San Gabriel Valley
  - Rebeca Melendez, MA, Director of Services at The Wellness Center, East Los Angeles Women's Center
- Panel Conversation, facilitated by Virginia Duplessis, MSW
- Key Resources & Tools
- Evaluation Poll
- Upcoming Events

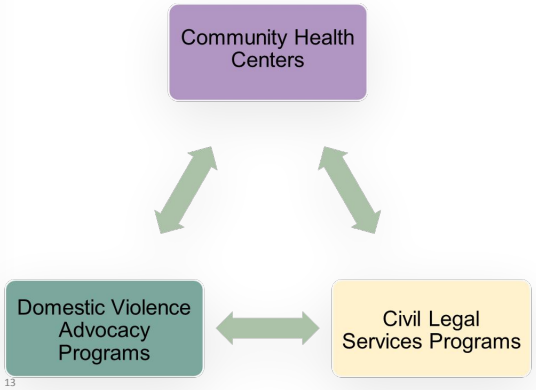
Building Partnerships Between DV Coalitions/Primary Care Associations and DV Programs/Health Centers

Community Partnerships

- **Everyone has a unique and important role** in supporting survivors and their families
- You don’t need to be an IPV expert
- Build partnerships between health care and community-based organizations you know and trust
- IPV support services and family serving organizations provide critical services:
    - Safety planning, shelters and housing support, counseling, family services, legal advocacy, employment support, etc.

The Heart of the Model: Building Meaningful Partnerships





Download a sample MOU: https://healthpartnersipve.org/resources/sample-memorandum-of-understanding/

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

- **Identify local health centers:** Find a Health Center
- **Find your State and Territory Primary Care Associations:** Directory of PCAs & HCCNs

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, immigration, labor
- Support groups/counseling
- Children's services
- Employment support

Find your State and Tribal Coalitions Against Domestic Violence

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

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/

STRONGHEARTS
Native Helpline

844-7NATIVE (762-8483) **https://strongheartshelpline.org**

StrongHearts Native Helpline is a 24/7 safe, confidential and anonymous domestic and sexual violence helpline for Native Americans and Alaska Natives, offering support and advocacy.

StrongHearts advocates offer the following services at no cost:

- Peer support and advocacy
- Information and education about domestic violence and sexual violence
- Personalized safety planning
- Crisis intervention
- Referrals to Native-centered domestic violence and sexual violence service providers
- Basic information about health options
- Support finding a local health facility or crisis center trained in the care of survivors of sexual assault and forensic exams
- General information about jurisdiction and legal advocacy referrals

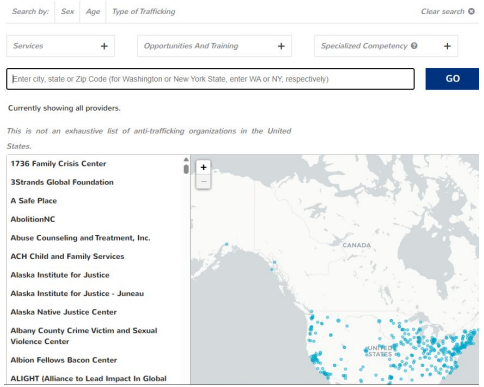
Human Trafficking Programs

NATIONAL HUMAN TRAFFICKING HOTLINE

Get Help | 24/7 Confidential 1-888-373-7888 TTY: 711 Text* 233733 Chat Español English

National Human Trafficking Hotline https://humantraffickinghotline.org/en

The National Human Trafficking Hotline offers an online Referral Directory made up of anti-trafficking organizations and programs that offer emergency, transitional, or long-term services to victims and survivors of human trafficking as well as those that provide resources and opportunities in the anti-trafficking field.
https://humantraffickinghotline.org/en/find-local-services



Community Partnerships

Partnerships with Community Organizations that expand basic needs support for patients can help prevent human trafficking:

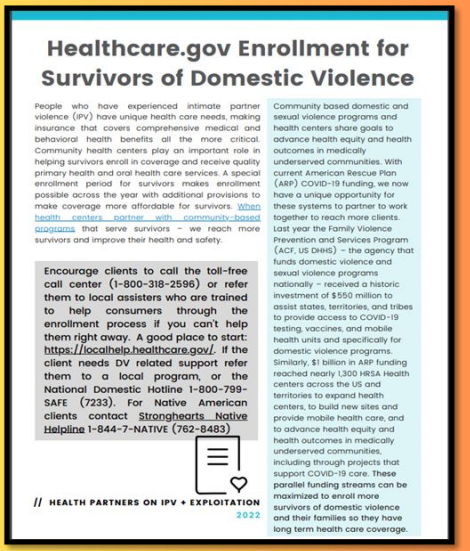
- Food banks
- Career services
- Housing organizations
- DV programs
- Legal aid services

Partnership Benefits- Local Level

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

Partnership Resources

- https://healthpartnersipve.org/resources/increasing-health-care-enrollment-for-survivors-of-domestic-violence/
- https://healthpartnersipve.org/resources/partnerships-between-hcs-and-dv-and-sv-advocacy-programs-bi-directional-infographic/



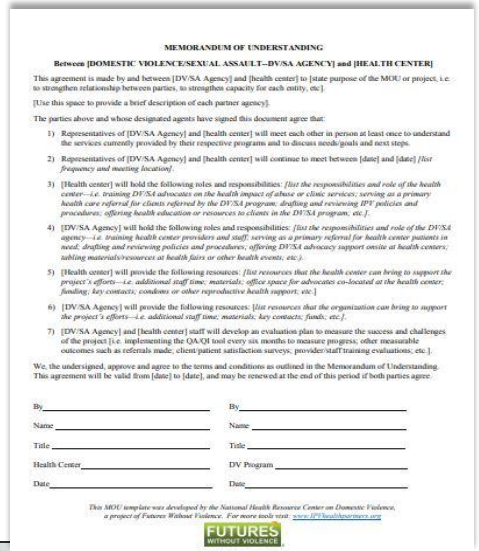
Memorandum of Understanding

An MOU between your health center + DVP may help:

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

Visit https://healthpartnersipve.org/

- ✔ 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_____

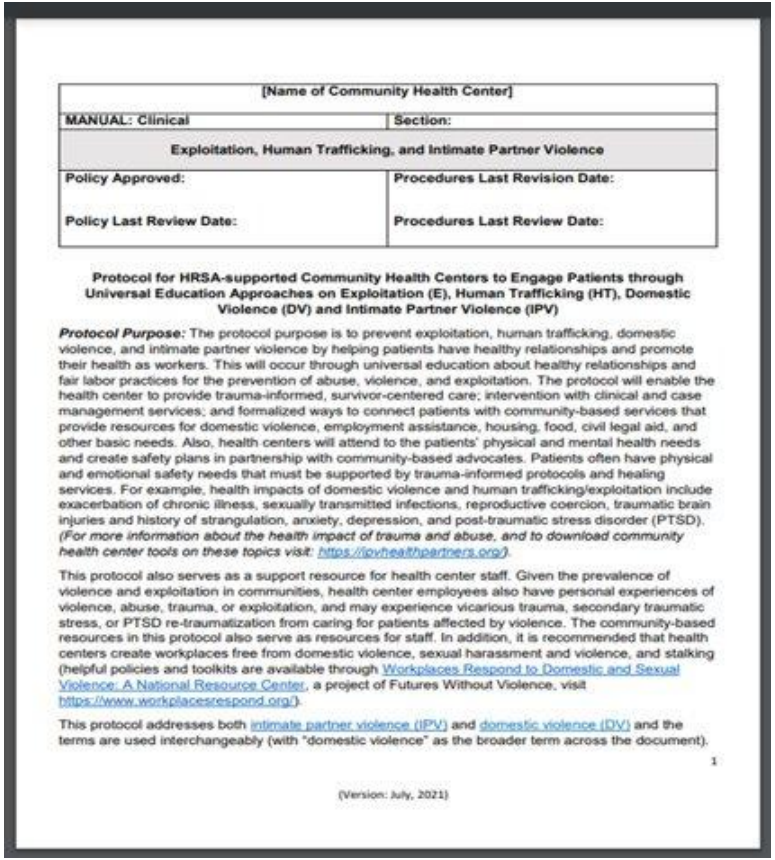
This MOU template was developed by the National Health Resource Center on Domestic Violence, a project of Futures Without Violence. For more tools visit: www.IPVhealthpartners.org

FUTURES WITHOUT VIOLENCE

Adaptable Health Center Protocol on IPV/HT

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)

Questions for the presenters?

Name one action you can take to build or expand your partnerships at the local or state/territory or Tribal level.

At the Table Before the Storm

Building Partnerships for Survivor Safety

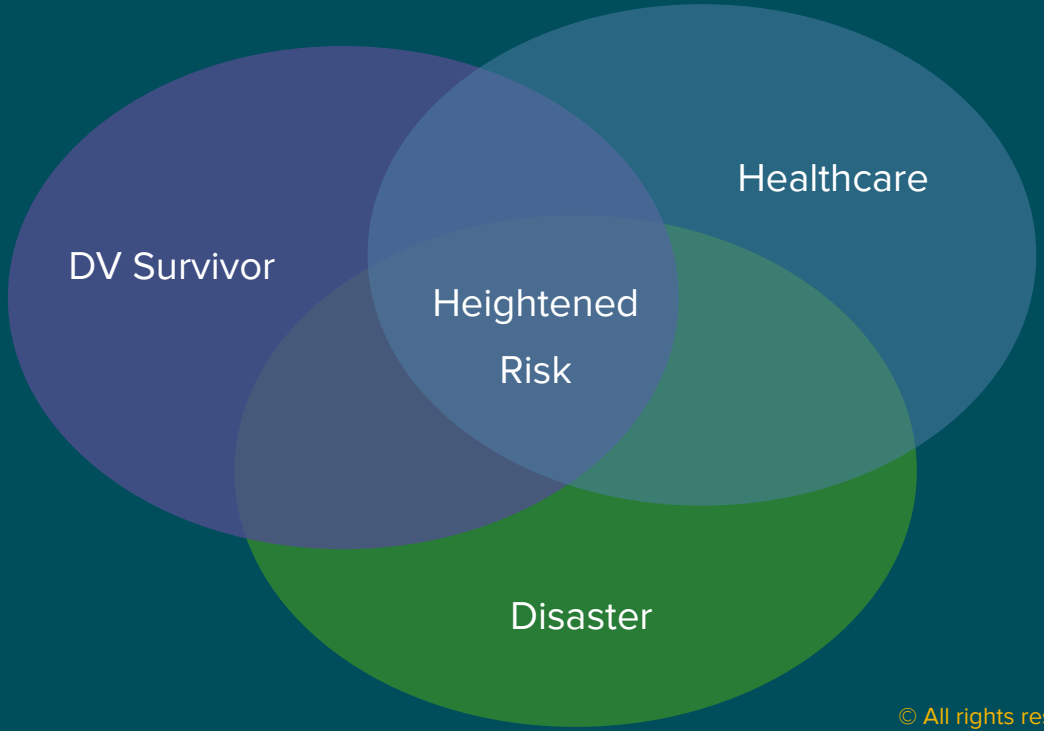
Domestic Violence • Human Trafficking • Exploitation in Crisis Settings

Sara Hicks-West, M.A., CDPM

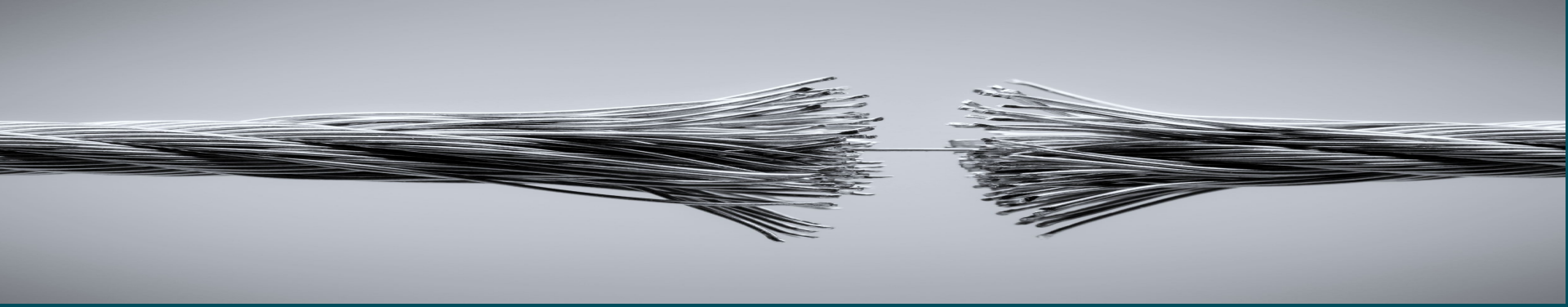
Phoenix Collaborative, LLC

Founding Principal

WHY SURVIVORS FACE HEIGHTENED RISK



- Compounding stressors
- Increased stress = Increased risk of violence
- Limited privacy, safety gaps
- Displacement from community and personal networks
- Lack of funding
- Property loss as key factor for disaster resources



THE COST OF INACTION

- Exploitation of risk, vulnerabilities by harm doers
- Increased reliance on/connection required of abusers (potential delays in court systems, accessing disaster assistance, loss of community)
- Survivor needs sidelined (increased risk of food/housing/financial insecurities due to a lack of ability to access disaster resources and a loss of survivor's safety net.)

What Healthcare Can Do — Now

Build partnerships (EM, Red Cross, CoC, DV providers) to ensure continuity of care for survivors

Integrate safety + privacy planning into disaster protocols

Use healthcare authority to advocate for survivor protections in disasters

Community training and exercises that include crisis care

Why Pre-Event Relationships Matter

- Build trust and clarify roles before disaster strikes
- Healthcare and survivor advocacy voices are vital at planning tables
- If you’re not at the table before, you won’t be at the table when it counts

Healthcare's Role: Safety, Dignity, Continuity of Care

- First point of contact, trusted by survivors
- Preparedness protects safety, dignity, continuity of care

How will we ensure survivors aren't left behind during the next disaster?

PHOENIXcollaborative

Sara E. Hicks-West, CDPM

Founding Principal

sara.hicks-west@phoenixcollaborativellc.org

470-637-0749 | www.phoenixcollaborativellc.org

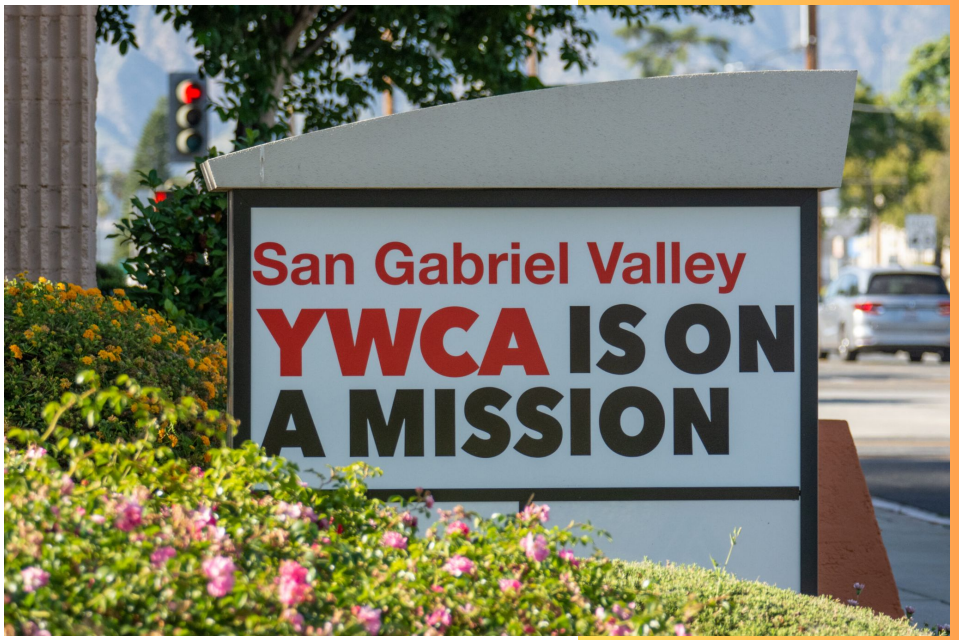
@phoenixcollaborativellc

Debra M. Ward, MPH

Chief Executive Officer

YWCA San Gabriel Valley

YWCA



ABOUT US

Since 1935, YWCA San Gabriel Valley has been a catalyst for change - supporting women, families and communities, and championing peace, freedom and dignity for all.

We deliver a wide range of direct services to meet urgent needs, offer educational programs that transform hearts and minds, and collaborate with community partners to address social and health related needs.

Through our programs, including Senior Services, Domestic Violence Services, Case Management, Youth Services, Fire Relief & Recovery and the WE Empower Center, YWCA San Gabriel Valley is creating healthy, resilient families and communities where every person has equal access to opportunity and the ability to live a full and thriving life.

90-YEAR HIGHLIGHTS

1935-1937

The Young Women's Christian Associations **(YWCA) San Gabriel Valley** files Articles of Incorporation, and becomes an official member of The YWCA of the United States of America. The YWCA San Gabriel Valley begins to provide resources to the City of Covina and neighboring communities.

194

During **WWII**, the agency extends services to Japanese girls and women who have been evacuated to relocation centers. Special programs and camps were designed for women and girls in San Gabriel Valley. Career development and job readiness programs were created for women.

197

9

The **Women in Need Growing Strong (WINGS) DV shelter is created** to provide survivors and their children with shelter and resources. Today, the WINGS Shelter is the largest in the San Gabriel Valley and the second largest in LA County.

198

6

YWCA-SGV joins and acquires Intervale Senior Services to provide low income (60+) seniors in the San Gabriel Valley with nutritional meals. The program consists of three Senior Meals Programs in Bassett, Baldwin Park, and Rosemead and a small home delivered meals program serving those areas.

2000

In 2000, with the addition of the Monterey Park site, YWCA-SGV is providing group dining meals through Intervale Services at **22 meal sites,** representing more than 19 cities throughout San Gabriel Valley

2020

YWCA-SGV becomes an essential provider during the **COVID-19 Pandemic**. Our service numbers tripled as new clients join the Elderly Nutrition Program and we provided over **1 million meals.**

2022

A **new building** is purchased in February of 2022, with the ribbon cutting in May. This new location is home to the YWCA-SGV administrative and public facing programs, including a community hub we refer to as our **Wellness Center** for workshops and community events.

2025

Establishes a **Fire Relief program** to assist individuals and families impacted by the Eaton Canyon/Altadena fire. This initiative provides both short and long term resources to over 900 impacted clients and their families in the first 6 months.

OUR VALUES

Commitment

Commitment to the mission and vision, and serving people with excellence

Compassion

Compassion and respect in understanding experiences, perspectives and actions

Integrity

Integrity in relationships, decisions and practices

Collaboration

Collaboration with partners in the region to achieve shared impact

Empowerment

WHAT WE DO

Senior Services

- In-Dining meal programs at 23 Senior Centers across San Gabriel Valley
- Home-Delivered Meal Program
- Case Management
- Meals on Wheels Program

Domestic Violence Services

- Residential Services - Emergency and Transitional Shelter Program
- Nonresidential Services - Group and Individual Services
- Children's healing center Program
- Individual Counseling
- Case Management
- Lifeskills Development & Enrichment
- 24/7 DV Crisis Helpline

Family & Case Management Services

- Resource Referrals - housing, government support services, partner organizations, legal services
- Assistance applying for government programs, filling out forms, applying for licenses, etc.
- Translation of forms and documents into English, Spanish, or Mandarin Chinese
- Rental and Housing Assistance

WE Empower Center

- Educational Workshops - wellness, financial literacy, technological literacy, meditative practices, and more
- Community Events & Resource Fairs
- Youth Services Program
- Youth and Community Computer Lab

Social Change & Innovation

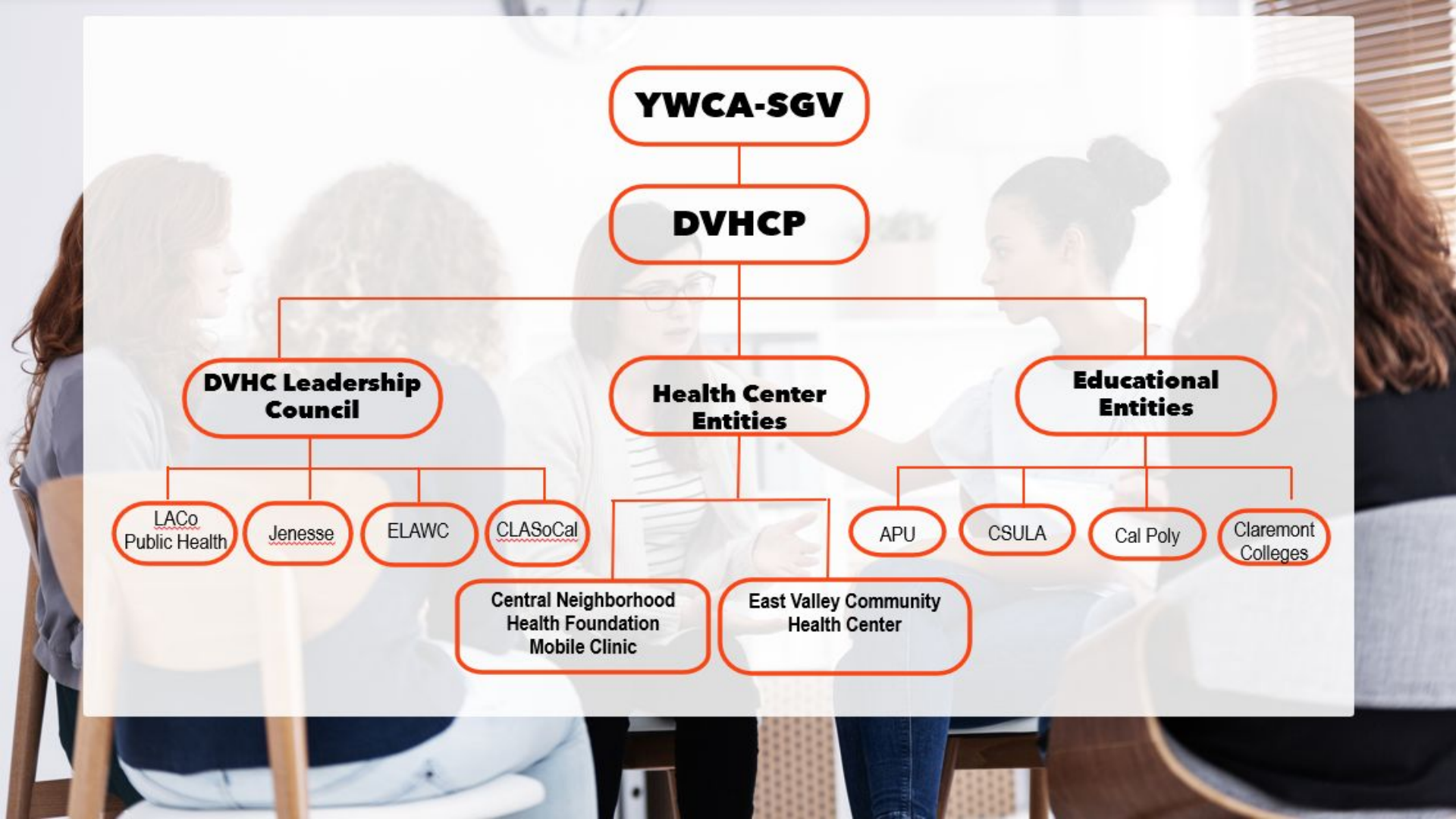
- SGV-AAIMM - Addressing birthing and maternal health disparities through community engagement initiatives
- Continuous staff training

Fire Relief & Recovery

- Financial Assistance
- Case Management & Emotional Wellness
- Medication/Durable Medical Equipment
- Essential and nonessential supplies
- Referrals

COLLABORATION IN ACTION:

DVHC PARTNERSHIP


YWCA-SGV
DVHCP
DVHC Leadership Council
Health Center Entities
Educational Entities
LACo Public Health
Jenesse
ELAWC
CLASoCal
Central Neighborhood Health Foundation Mobile Clinic
East Valley Community Health Center
APU
CSULA
Cal Poly
Claremont Colleges

THANK YOU

Debra M. Ward, MPH (she/her
debraward@ywcasgv.org

eliminating racism
empowering women

ywca
San Gabriel Valley

YWCA San Gabriel Valley

YWCA San Gabriel Valley

YWCA_SGV

ywcasgv

ywcasgv

East Los Angeles
WOMEN'S CENTER

WHERE YOUR *Silence* IS *Heard*

Rebeca Melendez, MA
Associate Director at The Wellness Center
East Los Angeles Women's Center

Nuestra Historia

The East Los Angeles Women's Center was founded in 1976
by community volunteers who established the first bilingual hotline in the nation.
Today we are recognized as a leading voice for 1000's of survivors.
We provide culturally responsive services specifically for Latino Communities
in the areas of sexual assault, domestic violence, human trafficking, HIV/AIDS
and an array of services that inter-connect.

Nuestro

Legado

Nuestro Propósito

Our purpose is to ignite Esperanza – Hope in the lives of women and their families impacted by domestic violence.

Using a holistic and family-centered approach.
We recognize and honor the cultural strengthsof the communities we serve.

Women and more than often Latinas are silenced by fear, social norms, religious beliefs and gender roles. Together we can help break the silence and help individuals and their families seek help and live in peace.

We provide services rooted in positive cultural influences that help families become grounded, centered, and interconnected. We are committed to creating culturally responsive programs that create violence free lives.

Nuestro Servicios

Our Voices Will Not Be Silenced

East Los Angeles WOMEN'S CENTER

Panel Conversation

Facilitated by Virginia Duplessis, MSW

Key Resources and Tools

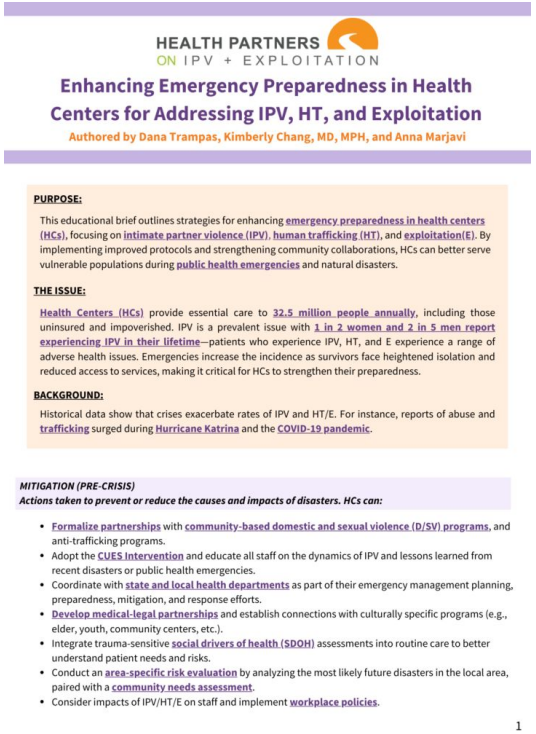
Health Cares About Domestic Violence Day Resource Sheet

https://futureswithoutviolence.org/initiative/national-health-cares-about-domestic-violence-day/

Emergency Preparedness and IPV

Consider IPV/sexual violence and human trafficking when working in areas faced by a natural disaster or public health emergency because of the increased rates of that are known to follow.

Emergency preparedness and IPV/HT/E briefs to inform your organization's systems change.



HEALTH PARTNERS ON IPV + EXPLOITATION

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

Authored by Dana Trampas, Kimberly Chang, MD, MPH, and Anna Marjavi

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.

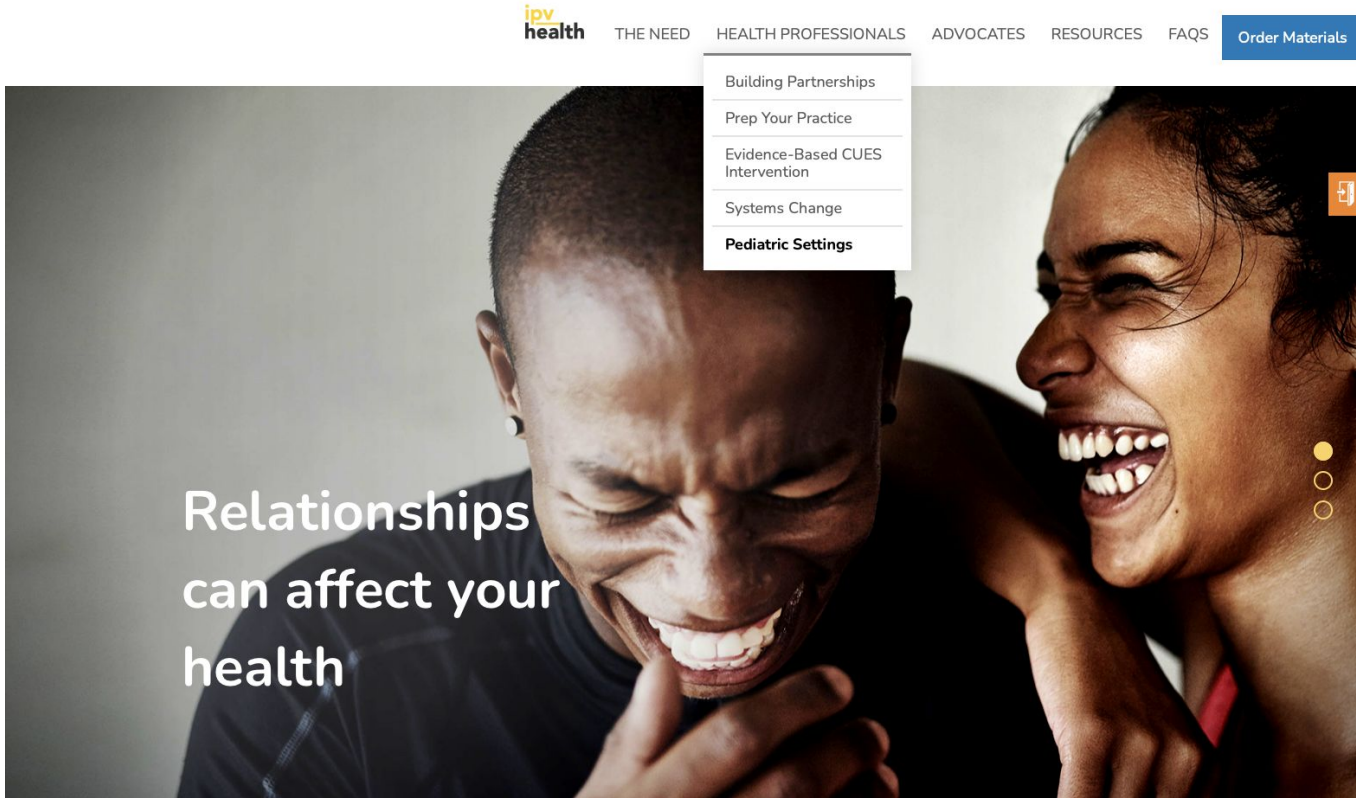
1

https://healthpartnersipve.org/resources/emergency-preparedness/

IPVHealth.org

Online toolkit:

- Implementing CUES
- Developing partnerships
- Changing practice
- NEW! Addressing caregiver IPV in pediatric settings



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

We appreciate your feedback.

Join us for an Upcoming Community of Practice!

Registration closes today at Midnight!

Health Partners on IPV+ Exploitation will host four free virtual educational sessions to discuss intimate partner violence, including: prevalence and definitions; clinical change strategies including the CUES intervention; HRSA's UDS measures on IPV/exploitation, and referrals and collaboration strategies to develop comprehensive health center responses.

Dates: Wednesdays: October 22; October 29; November 5; and November 12, 2025

- @7am HST/10am PST/11am MST/12pm CST/1pm EST
- (4 - 60 minute sessions)

REGISTER HERE

Thank you!

HEALTH PARTNERS ON IPV + EXPLOITATION

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healthpartnersipve.org

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