

Emergency Preparedness Checklist: Supporting Survivors of Intimate Partner Violence (IPV)/ Human Trafficking (HT) and Exploitation (E)

This checklist serves as a practical guide for health center (HC) staff to effectively support survivors of IPV/HT and E during emergencies and complement emergency preparedness.

Building Partnerships

- ☐ [Meet with the leadership](#) of your local CBOs including domestic/sexual violence, housing and culturally specific programs and introduce yourself and your organization's services, including hours, transportation and enrollment.
- ☐ Adapt a [memorandum of understanding \(MOU\)](#) to formalize collaborations and referral processes. Put in place early, before emergencies occur.
- ☐ Collaborate with local municipalities and county and state emergency preparedness advisory groups, to prepare for emergencies and mitigate the consequences on people vulnerable to IPV and HT/E.
- ☐ Engage community leaders in efforts to map out phone trees (or text alerts) and other hyper-local systems for reaching those experiencing the greatest barriers, such as elders and people with disabilities.

Intimate Partner Violence/Human Trafficking/Exploitation

- ☐ Adapt protocols for emergency response prior to a disaster or public health emergency.
 - ☐ [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](#)
- ☐ Consider impacts of IPV/HT/E on staff and implement [workplace policies](#).
- ☐ Adopt the [CUES Intervention](#) and educate all staff on the dynamics of IPV and lessons learned from recent disasters or public health emergencies.
- ☐ [Adapt the protocol on IPV/HT/E](#) and standardize care for all patients.
- ☐ Review procedures for [maintaining patient confidentiality](#) during public health emergencies
- ☐ Implement comprehensive non-clinical factors of health assessments for patients on an organizational level.

- ☐ [Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences \(PRAPARE\) Screening Implementation Toolkit](#)

Language Accessibility (AAPCHO):

- ☐ Hire multicultural and multilingual staff from the community so people can receive care in their first language.
- ☐ Standardize how your health center collects language data to understand the spoken languages of your patient population.
 - ☐ ["Data Disaggregation Principles, Promising Practices, and Lessons Learned" Report](#), AAPCHO, 2024
- ☐ Create culturally responsive materials and programs using trained interpreters, translation services, and multilingual and multicultural staff. Do not trust AI to accurately translate to culturally-relevant messages.
 - ☐ [National Resource Center for Refugees, Immigrants, and Migrants Resource Library](#)
 - ☐ [In-Language Emergency Preparedness Booklet](#), Office of Refugee Resettlement, 2024
- ☐ Set up secure, varied ways for survivors to reach out (phone, text, online) in case some channels are disrupted.
 - ☐ ["Preparing to Support Patients with Access and Functional Needs"](#) Webinar, Health Center Preparedness and Response Forum, 2024
 - ☐ Ensure that emergency alert systems include in-language alerts and audio only formats for people with limited English proficiency or limited literacy.
 - ☐ Partner with local ethnic media to support in-language broadcasting of emergency alerts and updates.
 - ☐ [Ensuring Culturally and Linguistically Appropriate Crisis Communication](#), Office of Minority Health, 2022
 - ☐ [Guidance for Integration Culturally Diverse Communities into Planning for Responding to Emergencies: A Toolkit](#), American Hospital Association, 2011

Housing and Emergency Shelter (NHCHC)

- ☐ Build connections with the local Continuum of Care (CoC) to identify programs that are designed for survivors of DV/IPV
- ☐ Become familiar with pre-existing, local resources for people experiencing homeless or housing instability, and with those organizations' emergency planning and capacity in an emergency
- ☐ Develop a safety plan if individuals' identity is compromised in communal housing/shelter, or if individuals/families report IPV/HT and E following an emergency or disaster

- ☐ Identify existing local housing supports/programs and landlords who will work with individuals with no or poor credit or who will accept installments of payments
- ☐ Increase outreach to encampments and other locations where people may be sleeping if they are not accessing shelters to make them aware of risk and available options in an emergency
- ☐ Embed homeless service providers and health center staff in emergency shelters that are set up in response to the crisis
- ☐ [Intimate Partner Violence, Homelessness, and Behavioral Health: A Toolkit for Health Centers](#)

Evaluate and Update Policies

- ☐ Evaluate progress as you go, and consider new opportunities to further partnerships and improve clinical responses.
 - ☐ [Quality Assessment / Quality Improvement Tool](#)
- ☐ After an emergency, debrief with staff and CBO partners to assess what worked well and what needs improvement. Identify any needed services, including pop-up clinics, mobile health, telemedicine, or information gaps to be addressed.
- ☐ 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.

Additional Resources:

1. [Asian American, Native Hawaiian, and Pacific Islander Survivors of Intimate Partner Violence and Human Trafficking: Health Center Preparedness Before, During, and After Emergencies](#) (Educational Brief)
2. [Centers For Medicare & Medicaid Services- Emergency Planning Checklist](#) (Checklist)
3. [Enhancing Emergency Preparedness in Health Centers for Addressing IPV, HT, and Exploitation](#) (Educational Brief)
4. [Emergency Preparedness, Response, and Recovery Resources for Health Centers](#) (HRSA webpage: HC and PCA Roles)
5. [Sustaining Essential Health Care Services Related to Intimate Partner Violence During Public Health Emergencies](#) (Publication)