Public Health Emergency Response for Intimate Partner Violence

BACKGROUND

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The Health Resources and Services Administration's Office of Women's Health asked the National Academies of Sciences, Engineering, and Medicine to convene a multidisciplinary committee of experts to identify the essential health care services for women related to intimate partner violence (IPV) during steady state conditions, determine any changes to that list during public health emergencies (PHEs), and define strategies to ensure women can access essential care during PHEs. The resulting report, *Essential* Health Care Services Addressing Intimate Partner Violence, presents a roadmap for change.

A PHASED APPROACH TO SERVICE RESTORATION

The committee defined three subphases of the **RESPONSE** phase of emergency management that consider obstacles to care delivery created by PHEs.

The Initial subphase of RESPONSE prioritizes essential health care services related to IPV or components of those

services that are directly related to protecting life safety, care that is time sensitive, and care targeting populations with a high risk of serious complications, such as pregnant women. As staff and supplies become more available in the Response Operations subphase, more services are available. And in the Stabilization subphase, all essential health care services related to IPV are available.

NATIONAL

ACADEMIES Medicine

Sciences Engineering

Learn more and access the full report at nationalacademies.org/intimate-partner-violence.

				PHASE WHEN SERVICE SHOULD BE RESTORED		
	PREVENTION		Essential Health Care Service	Initial	Response Operations	Stabilization
	MITIGATION		Universal IPV screening/ inquiry and education			
			Safety planning			
			Forensic medical exams			
PREPAREDNESS			Emergency medical care			
			Treatment of physical injury			
	RESPONSE		Gynecologic and reproductive health care including pregnancy termination	Urgent	Non-urgent	
/Immediate ase	Response Operations Subphase	Stabilization	Obstetric care	Urgent	Non-urgent	
		Subphase	Perinatal home visits			
tuation is ole, before onal ces e deployed. o care ry efforts cused on and oning life imited ole ces.	Additional supplies and staff have arrived and temporary care sites have been set up. Health care delivery capacity has increased beyond life saving and sustaining activities, but is not adequate to support the full delivery of all essential health care services related to IPV to all individuals.	Basic services have been provided to PHE survivors, either through rapid restoration or deployment of a contingency solution. All essential health care services related to IPV are available for all individuals.	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	
	RECOVERY		Support services including shelter, nutritional assistance, child care			
			Restore services for all natients			

Restore services for all patients

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