

Essential Health Care Services Addressing Intimate Partner Violence



Protecting Women During Disaster

BACKGROUND

The Health Resources and Services Administration's Office of Women's Health asked the National Academies of Sciences, Engineering, and Medicine to convene a multi-disciplinary 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.



Why does IPV need more attention in disaster planning?

- Nearly half of women in the United States report experiencing IPV during their lifetime.
- Disasters and PHEs are a time of increased severity and prevalence of IPV.
- The health care teams responding to disasters and PHEs will encounter women who are experiencing IPV during their work.
- Those women have complex health needs that become even more complex when disaster strikes.
- Disaster medical response team members usually do not provide IPV care on a regular basis.

What gaps exist in emergency preparedness related to IPV care?

- Training specifically focused on IPV for disaster health responders that is easy to find and access.
- Standard guidance and best practices for the development of IPV care protocols for disaster health responders.
- Protocols to ensure medical supply caches for use in PHE response include all necessary items for the delivery of essential health care services related to IPV.

APPROACH

To address the issues above, the National Academies report *Essential Health Care Services Addressing Intimate Partner Violence* makes clear recommendations for leaders of health care systems, federal agencies, health care providers, emergency planners, and those involved in IPV research within the framework of:



Training

Many different health care professions are involved in disaster response, and not all of them receive education about IPV in their training. Web-based training hubs are already used for federal disaster responders—an open-access training hub specifically for IPV care could serve as a centralized location for busy professionals and removes cost as an access barrier. Just-in-time training is another common training mechanism for responders. It is used to reinforce prior disaster knowledge and convey other vital information about the PHE and the affected communities. This training also represents a unique opportunity to provide a quick review of IPV-specific training.



Protocols

Federal public facing guidance for protocols for IPV care during PHEs and disasters is limited and generally focuses on domestic violence instead of IPV. This can lead planners and disaster health responders to overlook the possibility of IPV in the context of families that do not have children, couples that do not live together, or former intimate partners. Responders are likely to be working in settings or geographic areas that differ from their regular steady state work. This makes protocols for IPV care during PHEs that are based on standardized guidance an important tool.



Planning

Jurisdictions must take responsibility for including IPV care in emergency response planning. In addition to their role in providing support services for IPV, community-based organizations usually take an active role in PHE response. Staff typically include trusted members of the community that can provide critical insights to emergency planning for specific populations and increase the credibility of that plan locally. Emergency planning teams should include representation from community-based organizations involved in IPV care.



Supplies

While many of the essential health care services related to IPV during disasters and other PHEs are the same as those for individuals not experiencing IPV, there are unique supply considerations, particularly related to caring for women who have experienced IPV-related sexual assault or rape. Protocols for this are not widely available in the U.S. International guidelines, such as the United Nations Population Fund Interagency Emergency Reproductive Health Kits for Use in Humanitarian Settings, can be used. State-level restrictions on reproductive health care may create challenges for procuring supplies for IPV care, such as emergency contraception and medications used for pregnancy termination in certain geographic areas. However, significant scientific evidence of increased risk for negative maternal and fetal health outcomes, including death and elevated risk for increased severity or frequency of IPV and intimate partner homicide in the perinatal period, supports the need for these items. Federal, state, local, tribal, and territorial governments need to ensure their inclusion in disaster response caches.