



SECTION 3: HEALTH PROMOTION STRATEGIES

DSV advocates have a unique opportunity to promote health and wellbeing on site through specific accommodations and programming.

Health + Wellbeing Promotion	Strategies and Key Resources
Addressing Acute Health Needs	<p>Health Needs at Program Intake: Incorporating discussions about health into domestic violence (DSV) program intake procedures ensures that clients can get support around health issues and that wellness is a central part of healing and safety. As opposed to assessment or screening approaches, providing health education to all clients during intake allows survivors to get all of the information they need to make informed health decisions when seeking services. It is also important for advocates to support survivors in getting care for any present or lingering injuries, particularly for “invisible injuries” that survivors may not know can be serious such as strangulation and brain injury.</p> <p>» <u>Integrating Health and Wellness into Domestic Violence Advocacy Program Intake</u></p>

Addressing Acute Health Needs (continued)

Onsite Medicine Cabinet: In addition to first aid supplies, budgeting for, stocking, and storing commonly used over the counter medication (ibuprofen, acetaminophen, emergency contraception, anti-histamines, and glucose tablets, stock heat/cold packs for aching muscles, diabetes test strips, etc.) in an accessible area, such as a common bathroom, allow clients to be able to access what they need for themselves and their family to feel better if they are sick or hurt. Some programs also stock healing teas, sleep aids, and other forms non-western medicine.

» [Making over the counter medication available | WSCADV](#)

Medication Access and Storage: Providing accommodations for medication storage, such as a locker or in-room mini-fridge, allow survivors to keep medication on site without interference from partners. Some pharmacies will deliver for free and will set up an account so that they can bill your organization directly. Some private foundations funding support medical supplies and prescriptions that can be used to cover these costs.

» [Model Medication Policy for DV Shelters | NCTDVMH](#)

» [Guide for Medication Storage and Access | NNEDV](#)

» [Medical Marijuana Considerations for Domestic Violence Shelters | Violence Free Colorado](#)

Medical Advocacy

Supporting Survivors Access to Healthcare Services:

Advocates have an important role to play in ensuring that survivors can safely access healthcare and healing services. Strategies around medical advocacy can include:

- Health coverage enrollment (see section “Addressing Financial Barriers”);
 - Assistance with finding medical, mental health, dental, and vision providers and making appointments;
 - Advocate for high quality interpretation and language access in medical settings;
 - Healthcare visit accompaniment;
 - Know your state’s medical mandated reporting requirements for healthcare providers and inform survivors about these requirements and their rights;
 - Safety planning for healthcare visits to promote privacy and reduce retraumatization;
- » [Healing The Body: Exploring Comprehensive Medical Advocacy](#)
- » [OFVPS Medical Advocacy Information Memorandum and FUTURES Guidance](#)
- » [Supporting Patients Experiencing Intimate Partner Violence: Opportunities for Oral Health Providers](#)

Reproductive + Sexual Health

Creating Reproductive + Sexual Health Positive

Environments: Getting comfortable sharing about reproductive health and coercion is important, especially when survivors have had restricted access to information, resources, and options. Strategies could include:

- Stocking condoms, lube, emergency contraception, and pregnancy tests in a place where clients don't have to ask to access them;
- Providing information about reproductive and sexual coercion at intake;
- Offering pregnancy options counseling. Contact local Title X family planning programs for information on reproductive health services and pregnancy options training to provide education for staff. Staff should be able to identify family planning programs from crisis pregnancy centers, which do not offer the full array of available options;
- Provide education on Sexually Transmitted Infections in the context of DSV, reproductive coercion, and safety planning around sexual health, including how to provide access to PEP and PrEP;
- Having resources on reclaiming sexuality and healing after experiencing sexual trauma available for staff and clients;
- Ensure staff understand your state's laws around reproductive health access, abortion, birth control, and emergency contraception.

Reproductive + Sexual Health (continued)

- » [FUTURES Reproductive and Sexual Health Resources](#)
- » [Redefining Safety Planning in the Context of Reproductive Coercion: Integrating Assessment for Emergency Contraception Within Domestic Violence Shelter and Advocacy Programs Webinar](#)
- » [Sex, Pleasure, Choice Safety Card](#)
- » [Kink Is Not Abuse Training | The Network/La Red](#)
- » [Know Your Rights: Reproductive Health Care](#)
- » [Reproductive Justice & Violence Against Women: Understanding the Intersections](#)
- » [The Intersections Between Intimate Partner Violence and HIV/AIDS | NRCDV](#)
- » [Sexual Violence in the Lives of African American Women: Risk, Response, and Resilience | NRCDV](#)
- » [Emergency Contraception: A Tool for Advocates](#)



Behavioral Health: Mental Health and Substance Use

Provide Meaningful Support for Survivors Experiencing Traumatic Mental Health or Substance Use Effects of Abuse:

Mental health or substance use challenges increase the risk for an individual to be controlled by an intimate partner. Control tactics are facilitated by stigma around mental health and substance use. Unsafe partners often target a survivor's attempts to seek help for mental health or substance use.

Too often, survivors are being wrongly screened out of DV programs because of mental health/substance use concerns, or are told they must engage in mental health/substance use services as part of accessing DV programs. These types of service limitations and requirements violate federal [voluntary services](#) guidelines and increase danger for survivors and their families. Strategies to increase access to services and support survivor safety could include:

- Only ask for the minimum amount of information required to establish a need for DV services;
- Make information and resources about support for mental health and substance use available without requiring self-disclosure or engagement with those resources;
- Clearly communicate any limits to confidentiality or mandated reporting requirements;
- Create space for survivors to have safe conversations about mental health and substance use after they have been accepted into services;
- Actively listen to survivors and provide strengths-based support, including offering potential resources upon request or with their permission.

» [What is Mental Health and Substance Use Coercion? | NCDVTMH](#)

» [Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence: A Toolkit | NCDVTMH](#)

Behavioral Health: Mental Health and Substance Use (continued)

Supporting Survivor Mental Health: Additional strategies for mental and emotional well-being could include:

- Support a survivor's choice to engage with or not engage with mental health support or take medications for mental health;
 - Safety plan with survivors who wish to engage with therapy to have safe access and stay connected to services;
 - Become familiar with trauma-informed and culturally-specific mental health resources that reflect the diverse needs of your community;
 - Develop collaborative relationships and cross-training with mental health providers in your area.
- » [Training Series: Trauma-Informed Responses to Emotional Distress and Crisis | NCDVTMH](#)
 - » [Tipsheet: Locating Mental Health Resources | NCDVTMH](#)
 - » [Tipsheet: Collaborating with Mental Health Resources | NCDVTMH](#)
 - » [Mental Health Treatment in the Context of Intimate Partner Violence | NCDVTMH](#)
 - » [Do I Want to See a Therapist? A Reflection Tool for Survivors Seeking Mental Health Support | NCDVTMH](#)
 - » [Supporting a Survivor Trying Out a New Mental Health or Substance Use Resource | NCDVTMH](#)
 - » [Just Breathe A Guide to Wellness for Survivors | Ohio Domestic Violence Network](#)



Mental Health and Substance Use Coercion Palm Cards for Advocates from the National Center on Domestic Violence, Trauma and Mental Health

Behavioral Health: Mental Health and Substance Use (continued)

Normalizing Support: It is crucial for advocates to offer information that normalizes the mental health effects of abuse and provide opportunities for safe conversations about mental health, substance use, and coercion. For example:

- *“We know that abuse can affect our emotional well-being and mental health. Many survivors experience....”*
- *“People have shared with us that their (ex)partner pressured them to use substances, use in ways they didn’t want to, or used their substance use as a way to control them. If you can relate to any of this, know we’re here to help.”*
- *“People have shared that sometimes their partners say hurtful things or try to make them think that they are ‘going crazy’ or ‘losing their mind.’ Partners might do things to harm mental health, interfere with mental health care, or make it difficult to do things for your own self-care. If you can relate to any of this, know that we are here to help.”*
- *“If you are experiencing any mental health concerns and want help, there are a number of options we can offer, including access to therapy, mind-body practices, and peer support.”*

**Behavioral Health:
Mental Health and
Substance Use
(continued)**

Routinely talk with survivors about what helps to support their emotional well-being before a crisis occurs as part of developing an emotional support plan. For example:

- *“What are some things that help you to stay the most grounded, calm, and clear-headed, particularly when you are under stress or in an unfamiliar environment?”*
- *“Are there things we can do to support you?”*
- *“Are there things you do not want us to do in supporting you?”*

Resources for supportive conversations with survivors about behavioral health and coercion:

» [Guide for Emotional Support | NCDVTMH](#)



Behavioral Health: Mental Health and Substance Use (continued)

Creating Safe and Accessible Services: There are many reasons why people use substances. Substance use may be a way to cope with the effects of abuse, use may be forced through coercion, or connected to other patterns of control. After acceptance into services, provide opportunities for safe conversations about substance use. Additional strategies for increasing access to services could include:

- Do not require drug testing and ensure that a survivor's substance use does not impact their ability to receive services, in accordance with [federal regulations](#) that emphasize that all services are voluntary and prohibit substance use screenings to receive services;
- Become familiar with peer-led mutual aid or support groups and recovery organizations that honor the diversity of recovery goals including safer use, medication-assisted recovery, and abstinence from substances;
- Help survivors develop an overdose prevention safety plan and access naloxone, the opioid overdose antidote;
- Provide harm reduction materials such as sharps containers in bathrooms, naloxone (the opioid overdose antidote), fentanyl and/or xylazine testing strips, and access to medication-assisted recovery resources in your community;
- Learn how to recognize a potential overdose and help reverse it, including how to use naloxone, the opioid overdose antidote;
- Connect with harm reduction programs and organizations in your area for access to naloxone and safer use materials.

**Behavioral Health:
Mental Health and
Substance Use
(continued)**

**Resources from The National Center on Domestic
Violence, Trauma and Mental Health:**

- » [Committed to Safety for ALL Survivors: Guidance for Domestic Violence Programs on Supporting Survivors Who Use Substances](#)
- » [Training Series: Domestic Violence, Trauma, and Substance Use](#)
- » [Tipsheet: Locating Substance Use Resources](#)
- » [Tipsheet: Collaborating with Substance Use Resources](#)
- » [7 Common Practices in Substance Use Disorder Care That Can Hurt Survivors and What You Can Do Instead](#)
- » [Tipsheet: Advocating at Complex Intersections: Domestic Violence, Substance Use Coercion, and Child Protective Services](#)
- » [Supporting a Survivor Trying Out a New Mental Health or Substance Use Resource](#)



Support After Brain Injury + Strangulation

Brain Injury Awareness, Education and Response:

Because so many survivors have been assaulted in the head, neck and/or face, brain injury is extremely common. Most survivors are also unaware that their health and daily lives could be impacted by brain injury. Advocates must be prepared through training and education to incorporate brain injury awareness into their trauma-informed practices and address brain injury with survivors.

- Offer education about brain injury and strangulation and its impacts;
 - Adopt strategies for how advocacy and safety planning will have to shift as a result of brain injury;
 - Offer enhanced advocacy care e.g. appointment reminders, encouraging rest, etc. as well as accommodations to support survivor engagement and empowerment;
 - Provide survivors with coping and compensatory strategies and connection to supportive brain injury aware, trauma-informed healthcare services.
- » [Center on Partner Inflicted Brain Injury | Ohio Domestic Violence Network](#)
 - » [National Resource Center on Domestic Violence TBI Special Collection | NRCDV](#)

Promoting the Health of Birthing People

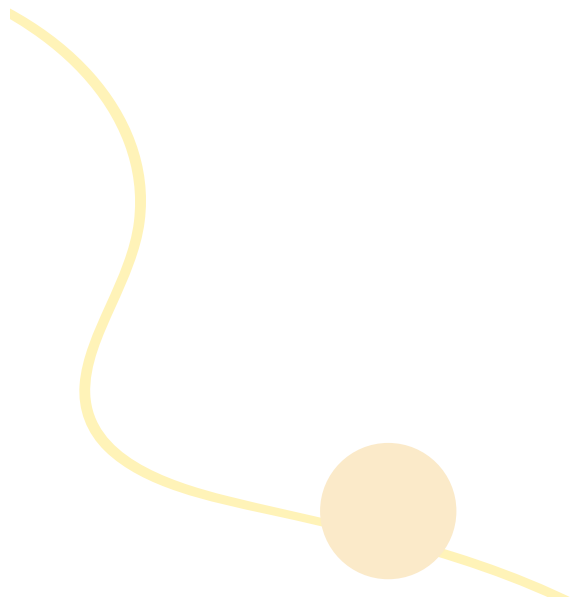
Agency, Comfort, and Celebration: Ensuring that pregnant and birthing people feel comfortable, particularly while staying at a shelter, may require specific accommodations, resources, which could include:

- Supporting birthing survivors to have agency and autonomy throughout their pregnancy by providing opportunities for education, celebration, and planning;
- Transportation support for prenatal/postpartum health visits;
- Budgeting for items that make pregnant and postpartum people more comfortable, such as body pillows and belly wraps;
- Safety planning for pregnancy, labor and delivery, and breast/chest feeding;
- Advocacy with employers to ensure adequate parental leave;
- Throw a baby shower for each pregnant survivor where community members, churches, or local businesses can donate needed supplies.

Bringing in Expertise: Advocacy programs can partner with doulas, lactation counselors, community-based midwives, home visitors, and other birth workers to ensure that birthing survivors have access to the services and information they need. Providing access to culturally specific birthing care can be important to ensure that survivors feel taken care of and listened to in ways that best reflect their beliefs and practices.

**Promoting the Health
of Birthing People
(Continued)**

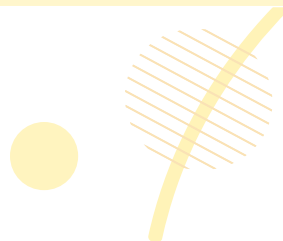
- » [Birth Doula's and Shelter Advocates Creating Partnerships and Building Capacity](#)
- » [Trauma-Informed Birth Support for Survivors of Abuse Webinar | NRCDV](#)
- » [Trauma Informed Pregnancy Safety Planning for Advocates | WSCADV](#)
- » ["Our Communities Hold the Solutions": The Importance of Full-Spectrum Doulas to Reproductive Health and Justice | NRCDV](#)
- » [Black Women's Maternal Health and Intimate Partner Violence Statistics, Opportunities, and Resources](#)



HIV

Opportunities for HIV Education, Testing, and Care: DSV advocates can play an important role in overcoming barriers to HIV testing and care for survivors. Some strategies include:

- Staff education about HIV, PrEP and PEP, HIV prevention, HIV care navigation, and ending HIV stigma;
 - Offer onsite HIV testing, information about post and pre-exposure prophylaxis medications for HIV (PEP and PrEP) and how survivors can access;
 - Offer specific HIV counseling services for survivors who are living with HIV, especially those who are newly positive;
 - Provide sexual health resources, STI education, and safety planning around sexual coercion and HIV partner notification to program participants;
 - Partnering with local sexual health and HIV clinics.
- » [NNEDV Positively Safe DV & HIV/AIDS Toolkit](#)
 - » [Expanding the Continuum Podcast](#)
 - » [FUTURES HIV Testing and Care Resources](#)
 - » [Advocates as HIV Testers: Interview with Sojourner House](#)
 - » [Enhancing Capacity of of DV Advocates to Discuss PrEP](#)
 - » [Linkage to and Retention in Care for Survivors Living with HIV/AIDS | NNEDV](#)



2SLGBTQIA+ Health and Gender Affirming Care

Supporting Health of Trans and Queer Survivors: Beyond creating welcoming environments and LGBTQIA+ specific programming at DSV advocacy organizations, advocates have an opportunity to promote the health and wellbeing of trans and queer survivors who may have been restricted from accessing affirming care by an abusive partner. Because gender affirming care is necessary for cisgender and straight people as well, ensuring access benefits all survivors.

- Staff education on gender affirming care and gender transitioning;
- Partnering with local LGBTQIA+ health organizations or clinics;
- Offering transition and gender affirming care specific safety planning to program participants;
- Assess policy and practice barriers to affirming care. For example, many programs don't allow survivors to have medications shipped to the program. Figuring out a way to provide survivors with a safe mailing address for medications would increase access and be a great safety measure.

» [Get The Facts on Gender Affirming Care](#)

» [Rubric for Responsiveness to LGBTQ Survivors of Intimate Partner Violence | National LGBTQ Institute on IPV](#)

» [Find an LGBTQ+ Friendly Provider](#)

» [QueerHealers.com](#)

Public Health Crises

Creativity, Flexibility, and Adaptation: DSV programs adapted to be able to provide safety and security during the Covid-19 pandemic in ways that increased access for survivors even outside of a pandemic and will be useful for the next public health crisis.

- Implementing functional tele-advocacy systems so that advocates and survivors could connect remotely;
- Develop public health crisis procedures that mirror natural disaster procedures;
- Ensure advocate wellness and safety is also a priority and there are policies and procedures around how advocates will be supported during this time;
- Shifting to apartment-style housing rather than group shelters;
- Partnering with local public health agencies and clinics;
- Providing onsite testing and mobile visiting vaccination opportunities;
- Safety planning around lockdown restrictions;
- Develop a social media plan to communicate with the public about the accessibility of services, fundraising/donations specific to the emergency, and safety planning tips for lockdowns or other emergency responses;
- Providing up-to-date public health education while combating misinformation for program participants and staff;
- Offering personal protective equipment to staff and program participants;
- Identifying and obtaining funding for direct cash support to survivors who had been financially impacted;
- Increasing advocate salaries to promote employee retention.

Public Health Crises (Continued)	<ul style="list-style-type: none"> » <u>Lessons Learned About Survivor-Centered Support During the COVID-19 Pandemic: Recommendations</u> » <u>Preventing & Managing the Spread of COVID-19 Within Domestic Violence Programs VAWnet</u> » <u>The impact of COVID -19 on domestic violence agency functioning: A case study</u>
Nutrition and Food	<p>Ensuring Food Access: Food insecurity is more challenging during certain times of the year when resources are stretched thin, like during school breaks. Additionally, many people experience financial challenges and/or low access to nourishing food retail options or limited product availability, which contribute to persistent food insecurity. Advocates can offer needed resources. <u>Supplemental Nutrition Assistance Program (SNA)</u>, <u>Women, Infants , and Children (WIC)</u>, <u>The Emergency Food Assistance Program</u>, <u>The School Breakfast</u>, <u>National School Lunch</u>, and <u>Child and Adult Care Food</u> programs are all government-funded programs in which DSV advocates can facilitate food access. Though SNAP does have some <u>eligibility restrictions for non-citizens</u>, WIC does not require proof of citizenship or alien status. Eligible participants can be simultaneously enrolled in multiple programs. Identifying local community-based food relief organizations and sharing their food distribution schedules with survivors could be one of the most important health connections that advocates make. Additional important resources for survivors facing food insecurity are food banks and food pantries. Food banks and food pantries stock donated grocery items, fresh produce, and sometimes even pet food so that families facing hunger can access free food in their communities.</p>

Nutrition and Food (Continued)

- » [WIC Fact Sheet](#)
- » [Feeding America](#)
- » [Public Benefits Programs and Domestic and Sexual Violence Victims' Economic Security](#)
- » [All State Public Benefits Charts and Interactive Public Benefits Map \(2022\)](#)
- » [SHARE Food Program](#) and [Philabundance](#)

Culturally Relevant and Healing Foods Food insecurity, like other social inequities, disproportionately impacts Black, Brown, and Indigenous people. Furthermore, food and cooking can be an important part of many survivors' healing, which means that the provision of choices that include culturally relevant food items is especially important to providing a dignified experience for clients.

- Ensure that shelter program budgets include ensuring access to culturally relevant foods, ingredients, and food access programs;
- Offer space in shelter programs for residents to cook food and eat with others.

Movement and Wellbeing

Healing Through Movement and Rest: Access to opportunities for joyful movement and physical activity are critical for positive physical and mental health outcomes for everyone and may offer unique opportunities to improve health for survivors and their children. In addition to healing trauma, there are many benefits of moving more including improved heart and lung health, increased bone density, improvements in strength, flexibility, sleep, mood, and focus to name a few.

- DSV programs can provide survivors with onsite opportunities for physical activity like walking groups, on-site dance or yoga classes, and fitness rooms;
- Connecting survivors with existing physical activity programs that have centered safety in program design, is another way to support active living for survivors;
- Planning a “walking school bus” for kids who may be at shelter programs to get to school;
- Offer self-defense, yoga, and other classes to program participants;
- Pay for a subscription to a meditation app that survivors can use;
- Provide sleep aids, like eye masks and white noise machines, to help survivors be able to have better sleep;
- Create opportunities for children to attend supervised activities where their parent does not need to be present, so that the parent can have some time to themselves.

Key resources:

- » [Safe Routes to Schools](#)
- » [Creating Accessible Physical Activity for Survivors of Family and Gender-Based Violence](#)
- » [Impact Self Defense](#)
- » [We Walk PHL](#)
- » [Gearing Up](#)

Training and Certifications to Support Innovative Onsite Service Models

DSV programs are already providing many more services beyond traditional safety planning and crisis advocacy, some are even investing in programs to train and certify staff in certain health promotion areas:

- Doula and Lactation Counselors
- Community Health Workers and Promotoras
- HIV Navigators
- Sexual Health Educators
- Mental Health First Aid and Suicide Prevention Counselors

Having staff trained and certified in these areas may increase funding streams and opportunities through medicaid reimbursement. See [“Sustaining Partnerships and Advocacy Reimbursement”](#) on page 51.

Healthcare Enrollment

DSV advocates can help survivors navigate the healthcare enrollment process by assisting in completing paperwork, understanding insurance coverage, and gathering necessary documentation. Advocates may work closely with healthcare providers, insurance companies, or social service agencies to facilitate the enrollment process and ensure survivors receive the necessary healthcare services.

Because being a survivor of domestic violence is considered a [Qualifying Life Event](#), survivors can enroll at any time throughout the year, not only during open enrollment.

- Insurance companies are prohibited from denying coverage to victims of domestic violence as a preexisting condition and screening and counseling for domestic violence are benefits that health plans are required to cover.
- Survivors do not need to wait for open enrollment. They qualify for a Special Enrollment Period (SEP) because they are survivors of domestic violence.
- If survivors of domestic violence are not able to enroll in health care, they are eligible for a “hardship exemption” from paying the fee, because domestic violence is considered a qualifying life event.

Key Resources:

- » [Top 5 Ways That DV/SA Advocates Can Help Survivors Enroll](#)
- » [Healthcare.gov Enrollment for Survivors of Domestic Violence](#)
- » [Getting To Know Your Medicaid Department: Questions to Ask](#)
- » [Promoting Health Access for Survivors During Open Enrollment: an Expanding the Continuum Podcast Short!](#)
- » [Español: Conozca A Su Departamento De Medicaid: Preguntas Para Hacer](#)

What are Medicaid and Medicare?

It is important that DSV advocates are aware of Medicaid and Medicare because many clients may qualify for healthcare converge under these programs. The U.S. Department of Health and Human Services explains Medicaid and Medicare as:

Medicaid

Medicaid is a joint federal and state program that helps cover medical costs for some people with limited income and resources, including pregnant people and children. The federal government has general rules that all state Medicaid programs must follow, but each state runs its own program. This means eligibility requirements and benefits can vary from state to state.

Medicare

Medicare is federal health insurance for people 65 or older, and some people under 65 with certain disabilities or conditions. A federal agency called the Centers for Medicare & Medicaid Services runs Medicare. Because it's a federal program, Medicare has set standards for costs and coverage. This means a person's Medicare coverage will be the same no matter what state they live in.

- » [What is the Medicaid Program?](#)
- » [Medicaid State Facts: Institute on Medicaid Innovation](#)

Addressing Financial Barriers: Medical Debt

Often the most significant barriers to quality healthcare for survivors is the cost. The [Kaiser Family Foundation Health Care Debt Survey](#) found that in 2022, four in 10 adults had debt due to medical or dental bills. Black and Latino adults faced medical debt at even higher rates, with nearly half of Black and half of Latino adults reporting they had medical or dental debt. One in seven people surveyed said that they had been denied access to a hospital, doctor, or other provider because of unpaid bills. But medical debt does not just impact those who do not have health insurance. While the survey found that more people without health insurance reported having medical debt, four in ten adults with health insurance also reported having medical debt. Medical debt can be especially challenging for survivors who may already have difficulty accessing healthcare or who may already be experiencing financial abuse. In addition to healthcare enrollment, advocates can take several steps to help survivors access relief for medical debt by connecting them to programs that may help pay medical bills:

- **Charity Care:** Many hospitals offer financial assistance and/or charitable patient advocate programs, often called [“charity care”](#) programs, that provide free or discounted health services to patients who meet the hospital’s eligibility criteria for financial assistance and are not able to pay all or part of their services. Nonprofit hospitals are required under federal law to provide some level of charity care as a condition of being tax-exempt. Many states require some or all hospitals to extend eligibility to certain identified groups (e.g. uninsured people or patients experiencing homelessness). Generally, hospitals may establish their own eligibility requirements and have varying levels of financial assistance available and application processes.
- **Crime Victims Compensation (CVC):** Available in all 50 states, Washington D.C., and U.S. territories to reimburse victims of crime for costs associated with the harm they experienced, including, but not limited to medical expenses. Though each state and jurisdiction administers its own program, eligibility and benefits are similar. DSV programs are typically already supporting clients in accessing crime victims compensation for housing, lost wages, and more, but may not be aware that it covers medical bills for health conditions associated with the violence.

Key Resources:

- » [Consumer Financial Protections Bureau](#)
- » [Dealing with Medical Debt: Consumer Advice from NCLC](#)
- » [Directory of State Crime Victims Compensation Boards](#)