

Beyond Identification: Building Safe Referral Pathways for Patients Experiencing Intimate Partner Violence

Dr. Jackie Giarratano / DBA, MBA | Mission Mobile Medical Group

Upon completion of this educational activity, you will be able to:

- Identify essential components of safe and effective referral pathways for patients experiencing intimate partner violence.
- Describe strategies for strengthening coordination between healthcare providers and community - based organizations serving individuals affected by intimate partner violence.
- Apply patient - centered approaches to connecting patients with appropriate resources and support services.



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Faculty Disclosure

No Disclosures - I have not had a financial relationship with an ineligible company within the past 24 months.

Anatomy of a Safe Referral Pathway

Universal education, not universal interrogation — offer information to every patient so no one is singled out

Privacy is a precondition — screen alone; no partner, no family interpreter, no children over toddler age

Kentucky (KRS 209A): for competent adults, the duty is to **provide educational materials and access information** — regional DV programs, rape crisis centers, protective orders. Law enforcement report only at the victim's request.

Still mandatory and separate: KRS 209 (vulnerable adults), KRS 620 (children exposed to violence)

Warm handoff beats paper handoff — a named person, called from the room, with permission

Use § 164.522(b) — offer every patient the right to request confidential communications by alternative means or location. That's the regulatory hook for suppressing the after-visit summary, redirecting statements, and revoking portal proxy access.

Check the exit — patient portal, after-visit summary, mailed statements, proxy access, what they physically carry home

The Five-Layer Compliance Framework

Layer	What it governs	Key authority
1. Standard of care	Whether you screen at all	USPSTF Grade B — screen women of reproductive age, including pregnant/postpartum (final June 24, 2025). <i>Note: "I" statement for older/vulnerable adult caregiver abuse — insufficient evidence, not a prohibition.</i> Grade B triggers ACA §2713 coverage without cost-sharing.
2. Federal privacy	What you may disclose, and to whom	45 CFR § 164.512(c) (abuse/neglect/DV disclosures + duty to inform patient); § 164.522(b) (patient's right to confidential communications by alternative means/location — <i>you must accommodate reasonable requests</i>); § 164.502(g)(5) (may decline to treat an abuser as personal representative); 42 CFR Part 2 if SUD records are involved
3. Partner confidentiality	Why your CBO partner can't confirm anything	VAWA 34 U.S.C. § 12291(b)(2) ; FVPSA 42 U.S.C. § 10406(c)(5) ; VOCA 28 CFR Part 94 — informed, written, time-limited release; services cannot be conditioned on consent to share
4. State mandate	What you must <i>do</i>	KY: KRS 209A — provide educational materials + access info for competent adults; law enforcement report only at victim's request. KRS 209 (vulnerable adults) and KRS 620 (children) remain mandatory reports.
5. Organizational	How you prove it	Written policy, staff training with documentation, Joint Commission expectations on abuse/neglect screening and response (see Quick Safety 63), HRSA Health Center Program policy requirements for FQHCs, QI measure tied to the handoff

From Resource List to Real Partnership

The coordination spectrum: printed list → named contact → written referral protocol/MOU → co-located advocate → shared care team

Different rulebooks: VAWA (34 U.S.C. § 12291(b)(2)) and FVPSA bar advocates from confirming a client ever arrived — design feedback loops that don't require identifying information

Two-way education — advocates train clinic staff on trauma-informed response; clinic explains what primary care can and cannot do

Build standing infrastructure — one point of contact, a direct line that bypasses the general hotline, quarterly systems-level review

Measure the handoff: offered → accepted → connected, not "resources given"

Put the asymmetry in the MOU. State explicitly what each side can and cannot confirm and name the feedback mechanism that works within it (aggregate counts, patient-carried confirmation, or a specific time-limited release).

Compliance Anchor: VAWA § 12291(b)(2) · FVPSA § 10406(c)(5) · VOCA 28 CFR Part 94 — *your partner is not being unresponsive; they are being compliant*

Meeting the Patient Where They Are

Disclosure is not the goal — safety and connection are. A "no" is information, not failure.

Language that travels: *"I ask everyone about this." · "You know your situation better than anyone." · "What would be most helpful right now?"*

Offer options, not a plan — hotline card, an advocate call from this room, a follow-up visit, or nothing today with the door left open

Respect the patient's risk calculus — leaving is the most dangerous period; returning is common, not treatment failure

Hold the relationship — schedule the follow-up regardless; document the offer so the next provider can pick up the thread

Who gets missed: rural patients, immigrant patients, LGBTQ+ patients, patients with disabilities, men. Never use family as interpreter.

Document the offer, not the details. A note that resources were provided and declined satisfies KRS 209A and preserves continuity without creating a discoverable record of disclosure the patient didn't consent to.

Compliance Anchor: Informed consent is a compliance requirement, not a courtesy — VAWA-standard releases are written, time-limited, and revocable; services are never conditioned on signing one



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Monday Morning: Three Things (or Four Things)

Private screening protocol — written down, with a plan for what to do when the partner won't leave

One named community partner — a person, a direct number, and a reciprocal introduction. Know your regional DV program and rape crisis center by name.

A privacy audit of your own systems — portal proxy access, AVS, billing statements, appointment reminders

Plus:

Assign an owner and a date to each — otherwise this is a nice session

Rehearse the script: 90 seconds of role-play at one staff meeting

Starting metric: % of IPV disclosures with a documented warm handoff

Name a policy owner and set an annual review date tied to your existing compliance calendar.

Compliance Anchor: Layer 5 is where most clinics fail an audit. The policy exists, training isn't documented, no one owns the measure.



Connecting Survivors to Safety

A Community Health Center Response to Domestic Violence

Speaker: Darlene Thomas, Green House 17

GreenHouse17 • 24/7 Crisis Hotline 800-544-2022

GreenHouse17: safety, advocacy, healing & stability

What a community health center can connect survivors to — immediately and confidentially.

Nurturing lives harmed by intimate partner abuse.

Serving 17 Central Kentucky counties

24/7 CRISIS & SAFETY

- 24-hour crisis hotline
- Emergency shelter
- Individualized safety planning
- We accept pets

01 ADVOCACY & HEALING

- Legal advocacy
- Support groups — online & in-person
- Individualized Care Plans

02 STABILITY

- 24 Transitional Housing Units with Supportive Housing
- Transportation assistance
- Farm and Shelter Stipend
- Connect to Community Resources

03 FAMILY & WELLNESS

- Children's safe exchange & visitation
- Medical & dental treatment support
- Farm-based healing & survivor stipends
- Ongoing Non-Residential Support

The healthcare role: treat the health concern, restore choice, and create a bridge to specialized advocacy.



What survivors need — and what they do not need

A trauma-informed response protects dignity, autonomy and safety.

SURVIVORS NEED

- 1 Privacy** See the patient alone for at least part of the visit.
- 2 Belief + validation** “I’m glad you told me. This is not your fault.”
- 3 Choice** Offer options; let the survivor decide what happens next.
- 4 Clear confidentiality** Explain what is private and any legal limits before asking.
- 5 Practical support** Connect to an advocate — not just a brochure or phone number.

SURVIVORS DO NOT NEED

- 1 Pressure** Do not require leaving, reporting, or seeking an order of protection.
- 2 Judgment** Avoid “Why don’t you leave?” or “Why did you go back?”
- 3 Confrontation** Do not challenge or notify the abusive partner.
- 4 Unsafe materials** Do not send home resources if the partner may discover them.
- 5 False promises** Never promise secrecy beyond legal/clinical limits.

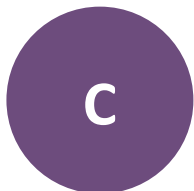
Key principle: abuse takes away control. A helpful healthcare response gives control back.

Practice framework: Futures Without Violence / National Health Resource Center on Domestic Violence.



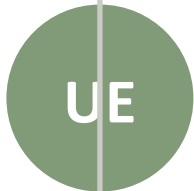
Connect first: CUES + confidentiality

A simple evidence-based way to talk about intimate partner violence in healthcare settings.



CONFIDENTIALITY

See the patient alone. Explain confidentiality and reporting limits before discussing IPV.



UNIVERSAL EDUCATION

Talk with every patient about healthy/unhealthy relationships and available support — disclosure is not the goal.



SUPPORT

Validate, offer safety strategies, and make a warm referral to the local domestic violence program.

A GOOD OPENING

“I talk with all patients about relationship safety because it can affect health. Before we talk, I want you to know what I can keep private and what I may be required to report.”

KENTUCKY EDUCATION REQUIREMENT

KRS 209A.130: When a professional has reasonable cause to believe a patient has experienced domestic/dating violence, the professional shall provide educational materials.

Materials include how to access regional domestic violence programs or rape crisis centers and protective orders.

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Keisha Morgan, MS | Zero V

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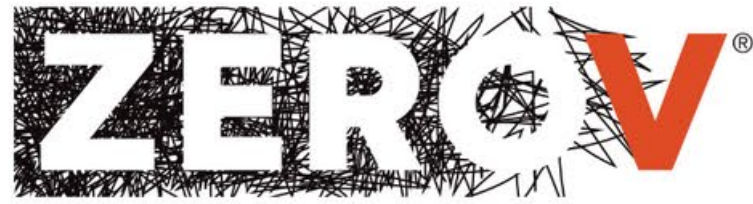


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Faculty Disclosure

Info should be the same as what was listed on
the Disclosure form that was signed and
returned to CECentral.



Kentucky united against **violence.**

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ZEROV SURVIVORS OF VIOLENCE.

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[Resources](#)

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ZeroV's mission is to abolish the social conditions and systems that spark, enable, and amplify intimate partner violence and to create communities where all Kentuckians can live and thrive in safety and peace.

GET INVOLVED



Need help? Call **1-800-799-SAFE**

Feeling unsafe? **LEAVE SITE NOW**



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KRS 209A LEGAL REQUIREMENTS FOR PROFESSIONALS

KRS 209A mandates that professionals give survivors of domestic and dating violence educational materials related to domestic or dating violence and abuse, including information about how they may access regional domestic violence programs or rape crisis centers, and information about how to access protective orders. The "Help is Here" brochure is provided by ZeroV for professionals to share with survivors to fulfill this obligation. Professionals are encouraged to explore the additional linked pages to learn more about domestic and dating violence and resources available to survivors, and to share this information as appropriate.

KRS209A Quick Sheet

"HELP IS HERE" BROCHURE

- V Standard Brochure Format (English)**
- V Large Print (English)**
- V Arabic**
- V French**
- V Nepali**
- V Pashto (Afghani)**
- V Spanish**
- V Swahili**



Region 1: Lotus Children's Advocacy & Sexual Violence Resource Center
P.O. Box 8506, Paducah, KY 42002
(800) 928-7273
hopehealgrow.org

Region 2: Sanctuary, Inc.
P.O. Box 1165
Hopkinsville, KY 42241
(800) 766-0000 | sanctuaryinc.net

Region 3: New Beginnings Sexual Assault Support Services
1716 Scherm Rd.
Owensboro, KY 42301
(800) 226-7273
nbowensboro.org

Region 4: Hope Harbor, Inc.
913 Broadway Ave.
Bowling Green, KY 42101
(270) 846-1100
hopeharbor.net

Region 5: Silverleaf Sexual Trauma Recovery Services
751 S Provident Way
Elizabethtown, KY 42701
(877) 672-2124 | silverleafky.org

Region 6: The Center for Women & Families
P.O. Box 2048, Louisville, KY 40201
(844) BE-SAFE-1 | (844) 237-2331
thecenteronline.org

Region 7 & 8: The Ion Center for Violence Prevention
835 Madison Ave
Covington, KY 41011
(859) 491-3335
111 E. Third St.
Mayesville, KY 41056
(606) 564-6708 | ioncenter.org

Region 9 & 10: Pathways, Inc.
(Ashland & Morehead)
P.O. Box 790, Ashland, KY 41101
(800) 562-8909 | pathways-ky.org

Region 11: Mountain Comprehensive Care Center's Healing Program for Survivors of Sexual Assault & Domestic Violence
104 South Front Ave.
Prestonsburg, KY 41653
(800) 422-1060 | mtcomp.org

Region 12: The Rising Center
637 Morton Blvd., Hazard, KY 41701
(800) 376-7273 | therisingcenter.org

Region 13: Cumberland River Victims Services
P.O. Box 568, Corbin, KY 40701
(606) 528-5286 | crvsky.org

Region 14: Adanta Sexual Assault Resource Center (ASARC)
259 Parkers Mill Rd.
Somerset, KY 42501
(800) 656-HOPE (4673) | adanta.org

Region 15: Ampersand Sexual Violence Resource Center of the Bluegrass
P.O. Box 1603, Lexington, KY 40588
(859) 253-2511
ampersandky.org

DOMESTIC VIOLENCE PROGRAMS

One in 4 women and 1 in 7 men have been victims of severe physical violence by an intimate partner in their lifetime. Survivors come from all walks of life. They may be of any gender, class, race, background, immigration status, sexual orientation or religion. In addition to providing a safe, secure environment for victims/survivors and their children, Kentucky's domestic violence programs offer a variety of supportive services to both shelter residents and non-residential participants. Program services include:

- 24-hour crisis line
- Legal/court advocacy
- Case management and safety planning
- Support groups and individual counseling
- Children's groups and parenting classes
- Drug and alcohol services or referrals to substance abuse programs
- Housing assistance, financial education, budgeting, and help in reaching economic independence
- Job search assistance and free tax preparation

All domestic violence services are available free of charge.

Kentucky Association of Sexual Assault Programs, Inc.
P.O. Box 4028 | Frankfort, KY 40604 | (800) 656-HOPE | www.kasap.org

This project was paid for in full or in part with funding received through the KY Cabinet for Health and Family Services.

SEXUAL ASSAULT CRISIS CENTERS

Perpetrators sexually assault nearly 1 in 2 women and 1 in 5 men in Kentucky. LGBTQ+ and minorities report an even higher prevalence of sexual violence. Centers throughout Kentucky offer support services for individuals who experience sexual violence in the following ways:

- Accompany individual to a sexual assault forensic exam and/or other medical appointments
- Accompany individual to hearings, trials, and meetings related to sexual violence, including with law enforcement and to court: may include civil, protection order, criminal, and/or school cases
- Counseling and/or therapy: Services vary and may include options for individuals as well as groups
- 24/7 crisis line: Call 1-800-656-HOPE (4673) to be connected to a center
- Walk-in services available at some locations
- Information and referrals for other needs

Services are available to both children & adults regardless of when the sexual assault occurred, be it recently or years ago. Support services are also available to friends and family members

All sexual assault services are available free of charge.

ZEROV

ZEROV.org | (502) 209-5382 | 111 Darby Shire Cir. | Frankfort, KY 40601
Domestic Violence Hotline (800) 799-SAFE (7233)

ZEROV

Kentucky united against violence.

Formerly



SpringHaven, Inc.
Elizabethtown
800-767-5838

Owensboro Area Shelter & Information Services (OASIS)
Owensboro
800-882-2873

The Center for Women & Families
Louisville
844-237-2331

GreenHouse17
Lexington
800-544-2022

The Ion Center
Northern Kentucky
859-491-3335
(text enabled)

The Ion Center
Buffalo Trace
606-564-6708
(text enabled)

DOVES of Gateway
Morehead
800-221-4361

Safe Harbor
Ashland
800-926-2150

Owensboro Area Shelter & Information Services (OASIS)
Owensboro
800-882-2873

Merryman House
Paducah
800-585-2686

Sanctuary, Inc.
Hopkinsville
800-766-0000

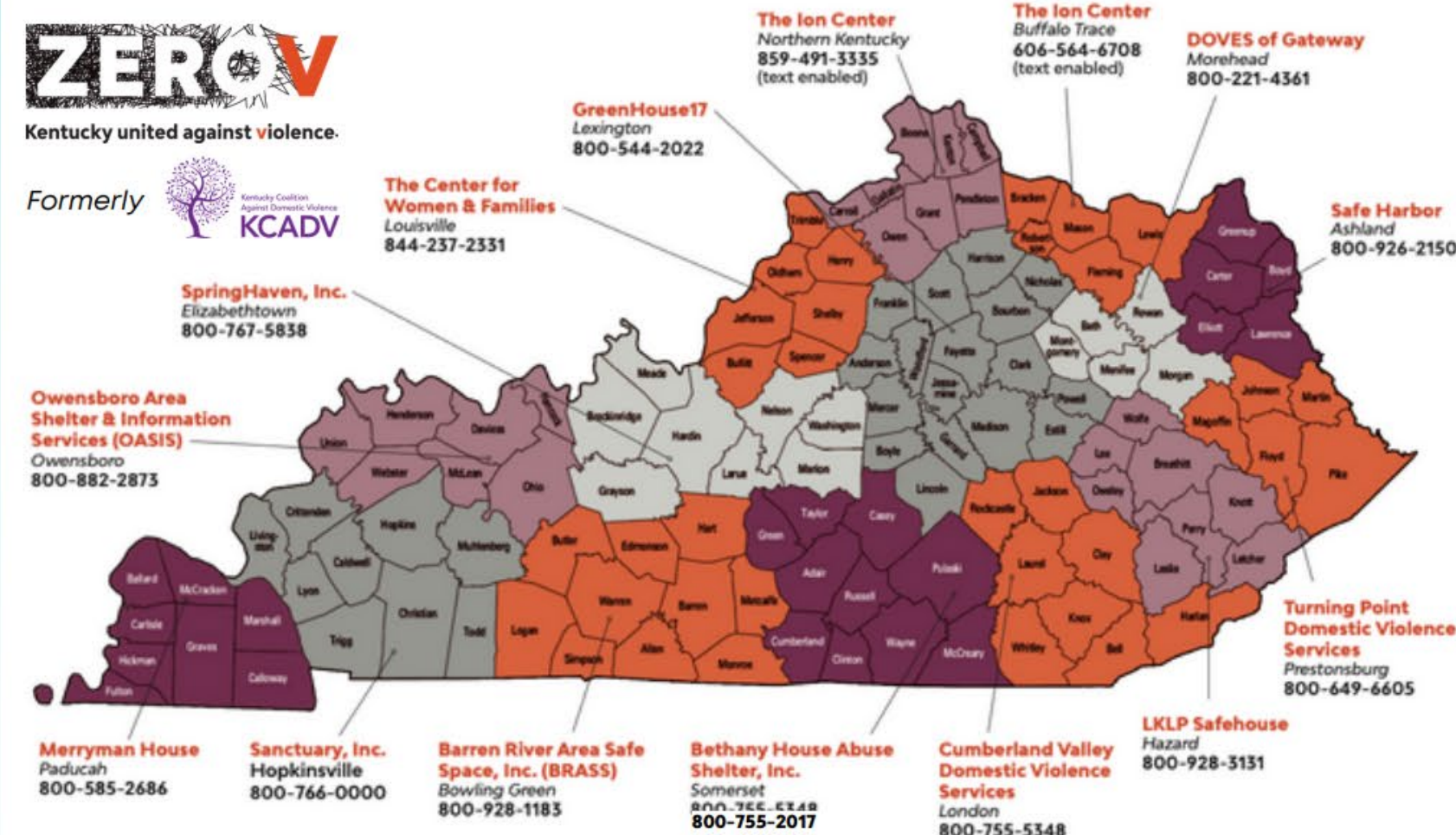
Barren River Area Safe Space, Inc. (BRASS)
Bowling Green
800-928-1183

Bethany House Abuse Shelter, Inc.
Somerset
800-755-2017

Cumberland Valley Domestic Violence Services
London
800-755-5348

LKLP Safehouse
Hazard
800-928-3131

Turning Point Domestic Violence Services
Prestonsburg
800-649-6605



"IT'S NOT OKAY."

Interpersonal violence happens to people of all races, cultures, incomes, and education levels. It can happen on a first date, or when you are deeply in love. It can happen whether you're young or old, and in heterosexual or same-sex relationships. Interpersonal violence is not okay and is always wrong. Interpersonal violence includes:

Domestic Violence, also known as intimate partner violence (IPV). This is a pattern of coercive, controlling behavior that can include physical abuse, emotional or psychological abuse, sexual abuse, or financial abuse (using money and financial tools to exert control) perpetrated by a spouse, former spouse, live-in partner, former live-in partner, or the other parent of the child in common.

Dating violence, which occurs when one person purposely hurt or scares someone they are dating. Dating violence includes physical, emotional, and sexual abuse.

Sexual violence, which is any type of sexual activity that a person does not agree to with express consent. Sexual violence can be verbal, visual, or physical. It is perpetrated in many ways including but not limited to: rape, intimate contact without consent such as child molestation, sex with an intoxicated person, groping or unwanted sexual touching, stalking, verbal coercion, harassment, or forcing a person to perform sexual acts such as oral sex or penetrating the perpetrator's body. Sexual violence may be committed by acquaintances, friends, family members, or strangers.

Stalking, or a pattern of behavior that makes you feel afraid, nervous, harassed, or in danger. It is when someone repeatedly contacts you, follows you, sends you things, talks to you when you don't want them to, or threatens you. You can be stalked by someone you know casually, a stranger, a past or current friend, a boyfriend or girlfriend, or a current or former partner or spouse.

You can get help.

HOW TO GET A PROTECTIVE ORDER

A Protective Order is a court order, signed by a judge, designed to prevent further acts of violence, dating violence, sexual assault or stalking.

Why get a protective order? A Judge can order the respondent to have no contact with you, your children or others who might need protection; stay away from your home, school, workplace, or any other places you may likely be; stop abusing or threatening you; and/or leave a shared home. If you have children in common, the court may give you temporary custody and set up a visitation schedule, or order child support.

Who can file for a protective order? Family members (including spouses, former spouses, parents, adult siblings, children, grandparents, grandchildren), couples who have lived together or couples who have a child in common can file for a Domestic Violence Order.

People who are in or have been in a dating relationship people who have been sexually assaulted, and people who have been stalked can file for an Interpersonal Protective Order.

How do I get a protective order? Contact the Circuit Clerk's office - either in the county where you usually live or in the county to which you have fled in order to escape the abuse.

After business hours, or if you have any questions or concerns, contact your local police or domestic violence programs about what you have to do. See map (inside brochure) for how to contact your domestic violence program or sexual assault crisis center. Protective orders are available 24 hours a day, every day.

THERE ARE NO FEES OR COSTS TO YOU FOR ASKING FOR A PROTECTIVE ORDER

HELP is Here



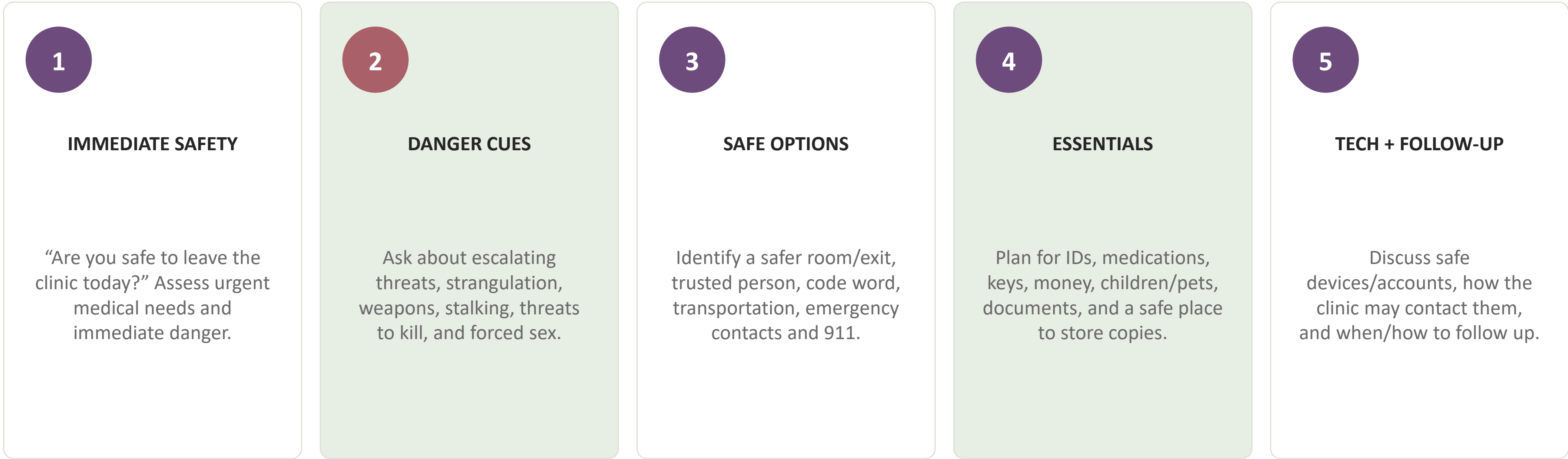
**Domestic Violence
National Hotline
1 (800) 799-7233 (SAFE)**

Domestic Violence services are funded, in whole or in part, from federal and state funds provided by the Cabinet for Health and Family services through a contract with ZeroV



Safety planning: survivor-led, specific and realistic

The goal is not “get out now.” The goal is to reduce danger based on the survivor’s circumstances.



Safety plans should be created with the survivor — not for the survivor. Leaving can be a period of increased danger, so avoid pushing a single “right” plan.

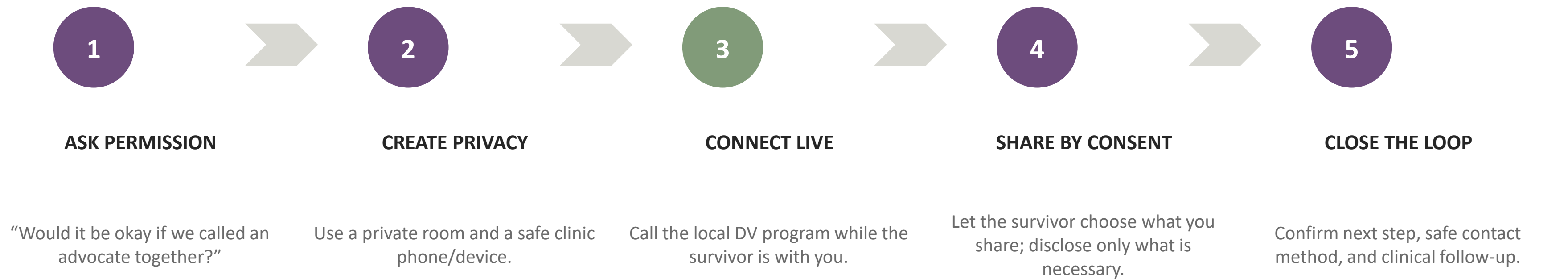
When danger is high, bring a domestic violence advocate into the planning process as early as possible.

Safety planning should follow clinic emergency procedures and be coordinated with trained DV advocates when possible.



Warm handoff: turn a referral into a connection

A warm handoff means the survivor is connected to an advocate before leaving the health center whenever safely possible.



TRY THIS SCRIPT

“GreenHouse17 has advocates who can talk through safety, shelter, legal options and other supports. You do not have to make any decisions today. Would you like me to call with you and stay while you talk?”



A brochure is information. A warm handoff is connection.

Sources: GreenHouse17; Futures Without Violence / IPV Health Partners warm-referral guidance.