



Interpersonal violence resources and support at Brigham Health during COVID-19

During the COVID-19 pandemic, we are aware that many people are needing to stay in places that may not be safe for them, emotionally and/or physically. The complexity of people's situations may also be compounded by additional marginalization they are already living with. Advocates in all of our violence intervention and prevention programs continue to provide comprehensive, trauma-informed services remotely/off-site and virtually/over the phone to existing patients/clients who need ongoing support.

We are also providing coverage and support from afar for the staff at the hospital and those providing telehealth services who are seeing the issue of violence arise in the context of care.

Passageway provides support to people experiencing abuse from an intimate partner or family member. Advocates are available to virtually respond in real-time to ambulatory, in-patients and providers during the hours of M-F from 8:30 am- 5:00 pm. We are providing coverage for all of our sites- BWH main campus, BWFH campus, Brookside Community Health Center and Southern Jamaica Plain Health Center. **Please page #31808 or call the main line at 617-732-8753** and an advocate will get back to you immediately. For nonemergent referrals to Passageway you can email us at passageway@partners.org It is critical to note that a patient does not need to be ready or desiring of taking any action to utilize these services.

Our community violence programs are available to provide virtual support to patients, community members and support our providers caring for patients experiencing violence. To reach our **Violence Recovery Program, please page #32063**. For the **Jamaica Plain Neighborhood Trauma Team, please call Sade Smith at 617-835-9222**.

We encourage anyone to connect with our programs to get more support and information around screening, assessment, interventions, and documentation during this pandemic, and beyond. We are available for support and technical assistance to all providers, via live-time consultation, and/or by requesting further training for your department.

Telehealth Tips¹:

*As many practices have moved to **telehealth**, we know patients may have even more need to know about services and options. We aim to provide as many opportunities and forms of connection as possible. There are simultaneously essential safety considerations for current practice:*

1. Always consider the environment patients are in when they connect for care, particularly telehealth. Assume people do not necessarily have access to privacy, when they are on the phone, on video and/or when accessing their records such as Patient Gateway remotely.
2. Follow the patient's lead and verbal cueing regarding what they may or may not feel comfortable discussing, medical or otherwise.

¹ Adapted from Joanne Timmons, MPH, Boston Medical Center Domestic Violence Program



3. Begin with generalized questions such as "How are you doing? How are you and your partner/family coping with all that is going on right now?" If the patient indicates there may be concerns about safety and/or control, ask further open-ended questions ("I'd like to hear more about why this time has been so hard- could you tell me more about what it looks like when your partner feels stressed?") Know the conversation may need to stop or change at any time.
4. Let all your patients know (even when you express no concerns about safety) where they can find more information about many programs and services at BWH and include Passageway and Violence Recovery Program and the Neighborhood Trauma Teams as options. ***Know that the goal of screening is not disclosure. Asking these open-ended questions in of itself is an important and meaningful intervention. There are significant and varied reasons a patient may not disclose abuse now but know that your inquiry and non-judgmental support have given the essential message that help is available.***
5. If a patient discloses any concerns about their safety: You can refer them directly to Passageway as outlined above. *Let them know our services are confidential, free (we do not utilize insurance), and voluntarily- and how they connect with us is completely driven by them.* It often is also helpful to note that one does not need to end an abusive relationship to work with Passageway. Patients can also directly call the mainline and leave a message. We will respond immediately. They can also visit our website at <https://www.brighamandwomens.org/about-bwh/community-health-equity/passageway-domestic-abuse-intervention-and-prevention>. Providers can find information on Brigopedia at [https://brigopedia.partners.org/index.php/Passageway Domestic Violence Program](https://brigopedia.partners.org/index.php/Passageway_Domestic_Violence_Program)

Other resources:

If you need to speak to someone immediately, the following hotlines are available 24/7:

SafeLink (Massachusetts Domestic and Sexual Violence Hotline) 1-877-785-2020 TTY 1-877-521-2601

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

National Sexual Assault Hotline RAINN 1-800-656-4673

Boston Neighborhood Trauma Team

The Boston Neighborhood Trauma Team (NTT) offer the following services for individuals, families, and communities impacted by community violence:

- **Access to support hotline 24/7 365 days a year (617-431-0125)**
- Immediate support services for any individual impacted by community violence
- Referral to ongoing behavioral health services for individuals and families

Support is available to ALL residents who feel impacted by community violence. You can access these services by calling the hotline for immediate support or by calling a Neighborhood Trauma Team. All services are free and private.