



NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

Understanding Harm Reduction Approaches to Address Intimate Partner Violence, Human Trafficking, Exploitation and Homelessness in Health Centers

Spanish and ASL interpretation

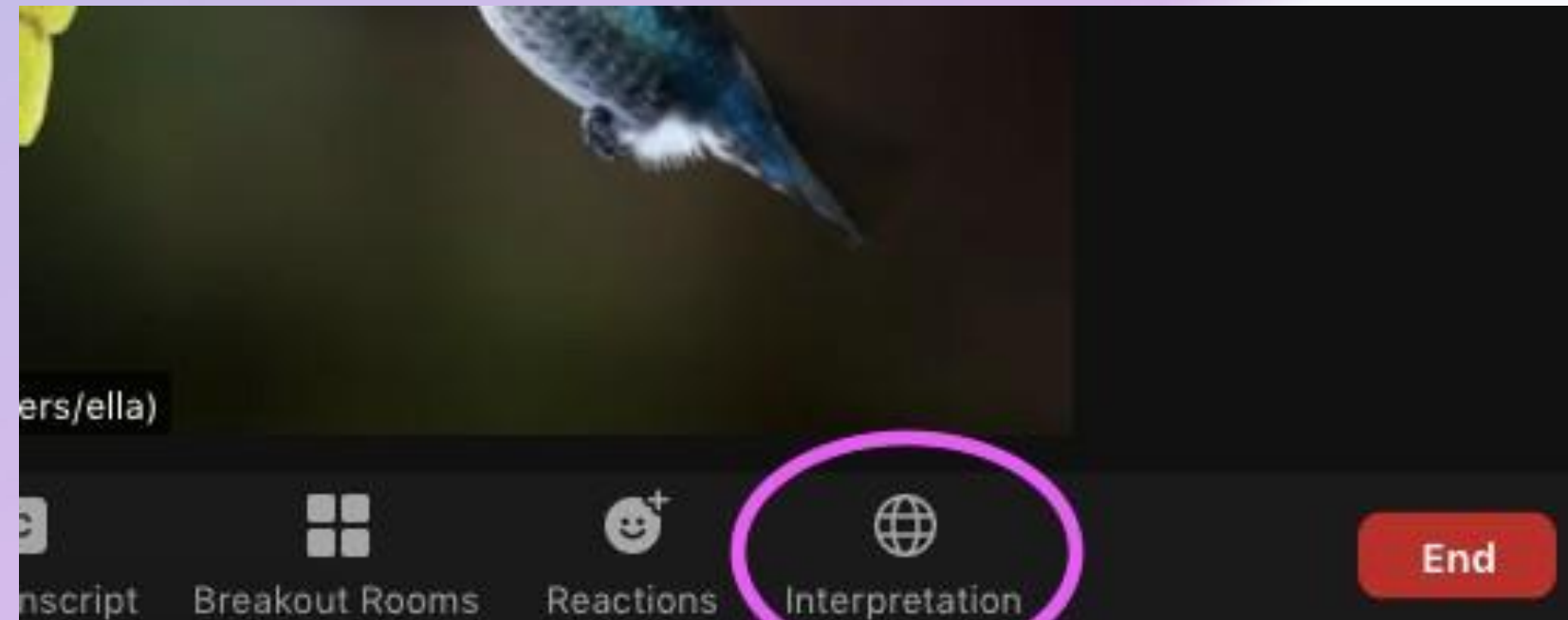
The webinar will be recorded, shared with participants and archived online.

Tuesday, May 7, 2024

How To Access Language Interpretation on Zoom

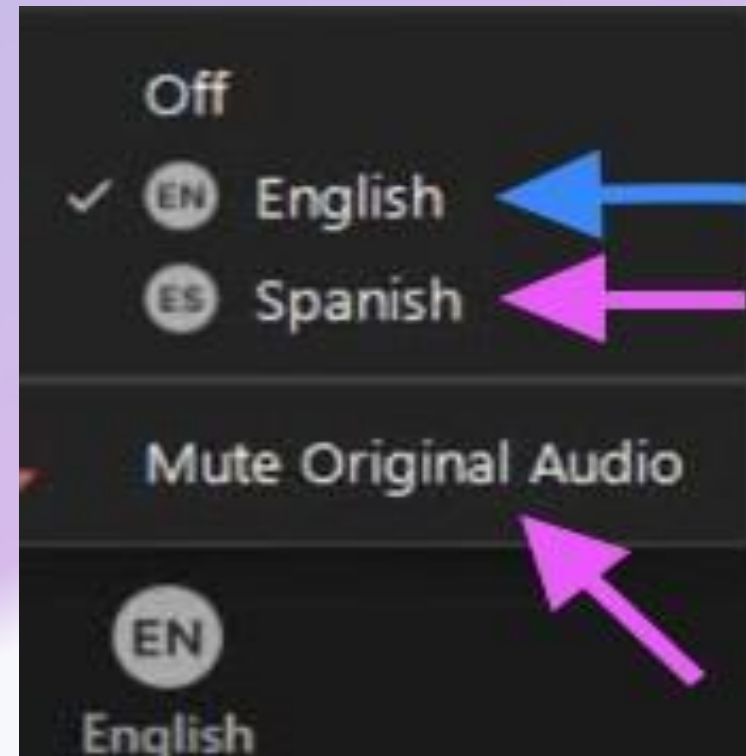
Cómo Activar la Interpretación de Idiomas en Zoom

**On your computer, find the
Interpretation Globe Icon at the
bottom of your screen**



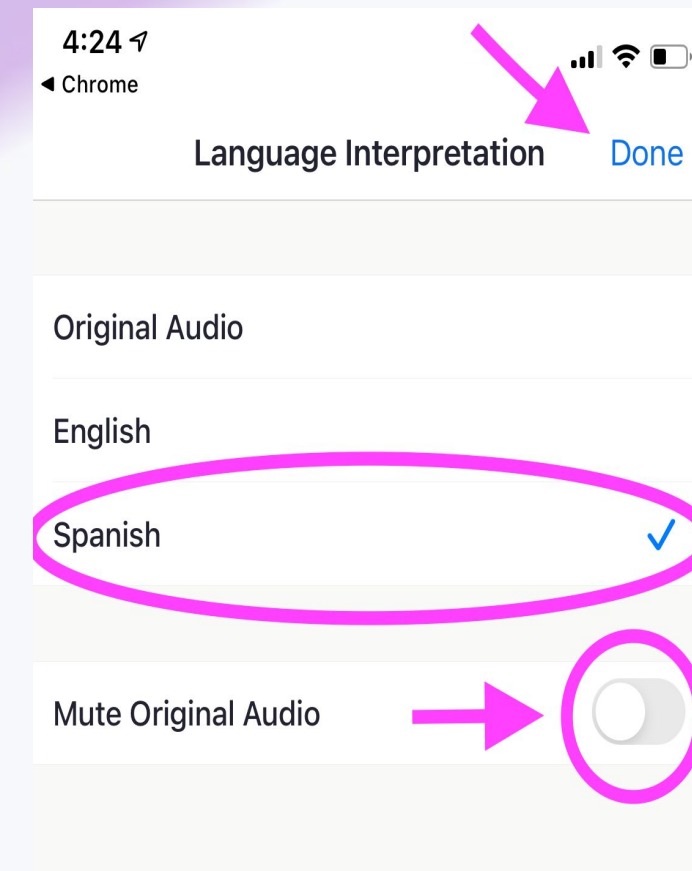
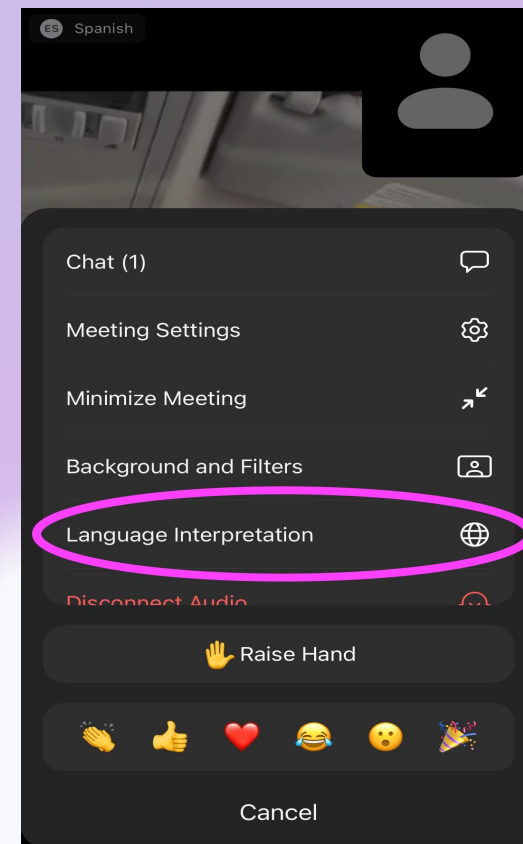
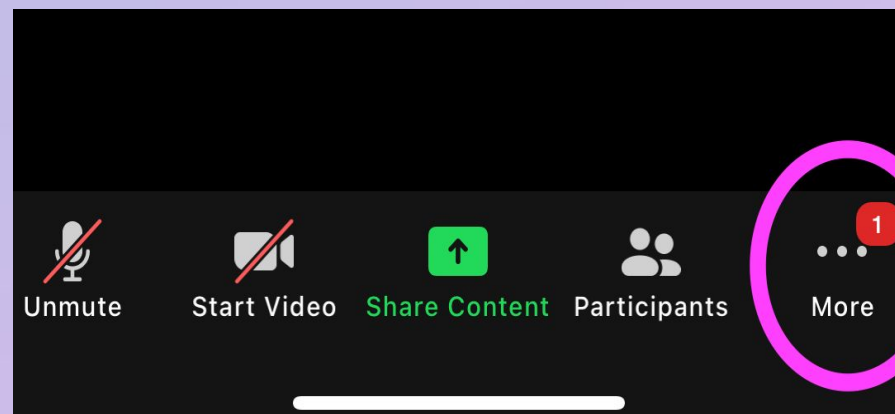
**En su computadora, busque el globo
terráqueo que dice Interpretación en la
parte inferior de su pantalla.**

Choose English as your language. Make sure to NOT mute original audio so that you can hear the main room



Seleccione Español. Asegúrese de Silenciar Audio Original, si solo desea escuchar al intérprete

If you are on a smart device, look for the three dot menu and choose Language Interpretation. Then, select English.



Desde un dispositivo inteligente, busque el menú de tres puntos y elija Interpretación. Después, escoja “Español” y silencie el audio original.



HEALTH CENTERS ARE KEY TO VIOLENCE PREVENTION

Health Partners on IPV + Exploitation

Health Partners on IPV + Exploitation is led by Futures Without Violence (FUTURES) and funded by HRSA BPHC to work with community health centers to support those at risk of experiencing or surviving intimate partner violence, human trafficking, or exploitation and to bolster prevention efforts.

Learn more: www.healthpartnersipve.org



National Health Care for the Homeless Council

Who We Are

- Since 1986, we have brought together thousands of [health care professionals](#), [medical respite care providers](#), [people with lived experience of homelessness](#), and advocates. Our 200+ Organizational Members include [Health Care for the Homeless](#) programs, respite programs, and housing and social service organizations across the country.

What We Do

- We work to improve homeless health care through [training and technical assistance](#), [researching](#) and sharing best practices, [advocating](#) for real solutions to end homelessness, and [uplifting voices](#) of people experiencing homelessness.

What You Can Do

- [Learn more about how you can help support our mission.](#)

Faculty



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Learning Objectives

1. Strengthen understanding of the intersection between IPV/HT/E and its impact on housing and homelessness.
2. Define the tenets of a harm reduction approach.
3. Identify three strategies for applying a harm reduction approach for patients affected by IPV/HT/E.
4. List two resources to support the implementation of the evidence-based CUES intervention.



What is Intimate Partner Violence (IPV)?

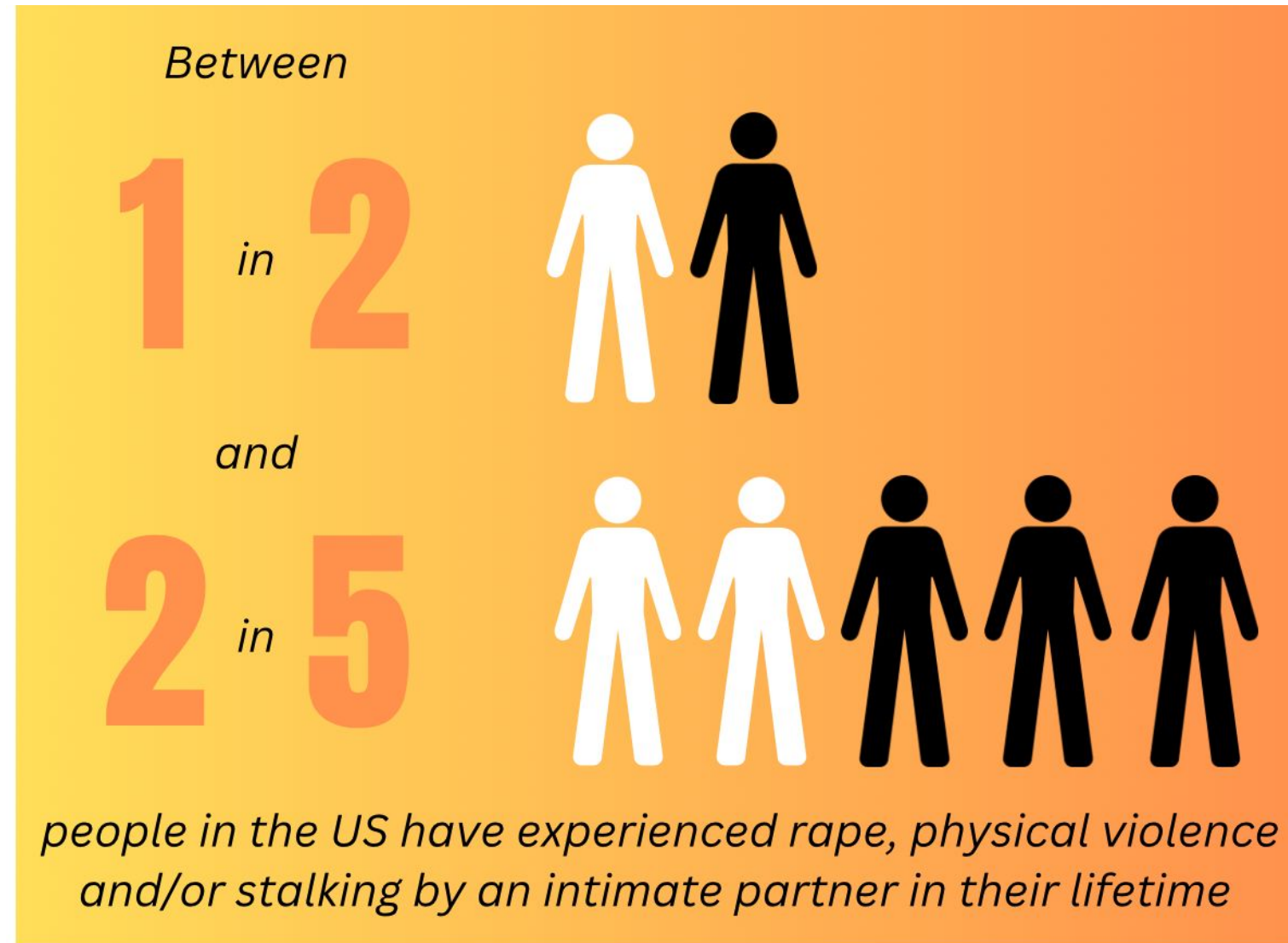
A person(s) in a relationship is using a **pattern** of methods and tactics to gain and maintain **power and control** over the other person.

- It is often a cycle that gets worse over time – not a one-time ‘incident’
- Abusers use jealousy, social status, mental health, money, and other tactics to be controlling and abusive – not just physical violence
- Leaving an abusive relationship is not always the best, safest, or most realistic option for survivors



Prevalence

Intimate Partner Violence



Sexual Violence



Because of intersecting forms of sexism, racism, trans/homophobia and other forms of oppression, marginalized and/or historically exploited peoples experience higher rates.

Interpersonal Violence and Exploitation are Gendered Drivers of Homelessness

Housing—whether temporary or permanent—is a primary concern for survivors of violence and exploitation.

- **Approximately 50%** of all respondents who identified as women and experienced homelessness report that intimate partner violence (IPV) led to their homelessness
- **80% of mothers experiencing homelessness** with children have previously experienced IPV



Power and Control: Vulnerability to Homelessness

Some control tactics that impact housing security:

- Destroying credit or rental history
- Defaulting on bills in the survivor's name
- Preventing steady employment
- Exposing survivors to housing discrimination
- Loss of subsidized or affordable housing

These barriers are further compounded for people who experience additional forms of discrimination, such as Black, Indigenous and other people of color, TLGBQIA+ communities, immigrants, persons with disabilities, and individuals experiencing poverty.



IPV/Exploitation and Behavioral Health

- Anxiety and/or depression
- Post-traumatic stress disorder (PTSD)
- Antisocial behavior
- Suicidal behavior
- Low self-esteem
- Emotional detachment
- Sleep disturbances
- Substance dependency

(Tjaden P, 2000; Coker AL, 2002; Mazeda 2010; Zimmerman 2011)



Audience question

What are some ways that substances are used to exert power and control in unhealthy relationships?

Please share in the chat!

Understanding and Applying Harm Reduction

Health Care for the Homeless

It is very difficult to focus on health and health management when basic needs and safety are in question



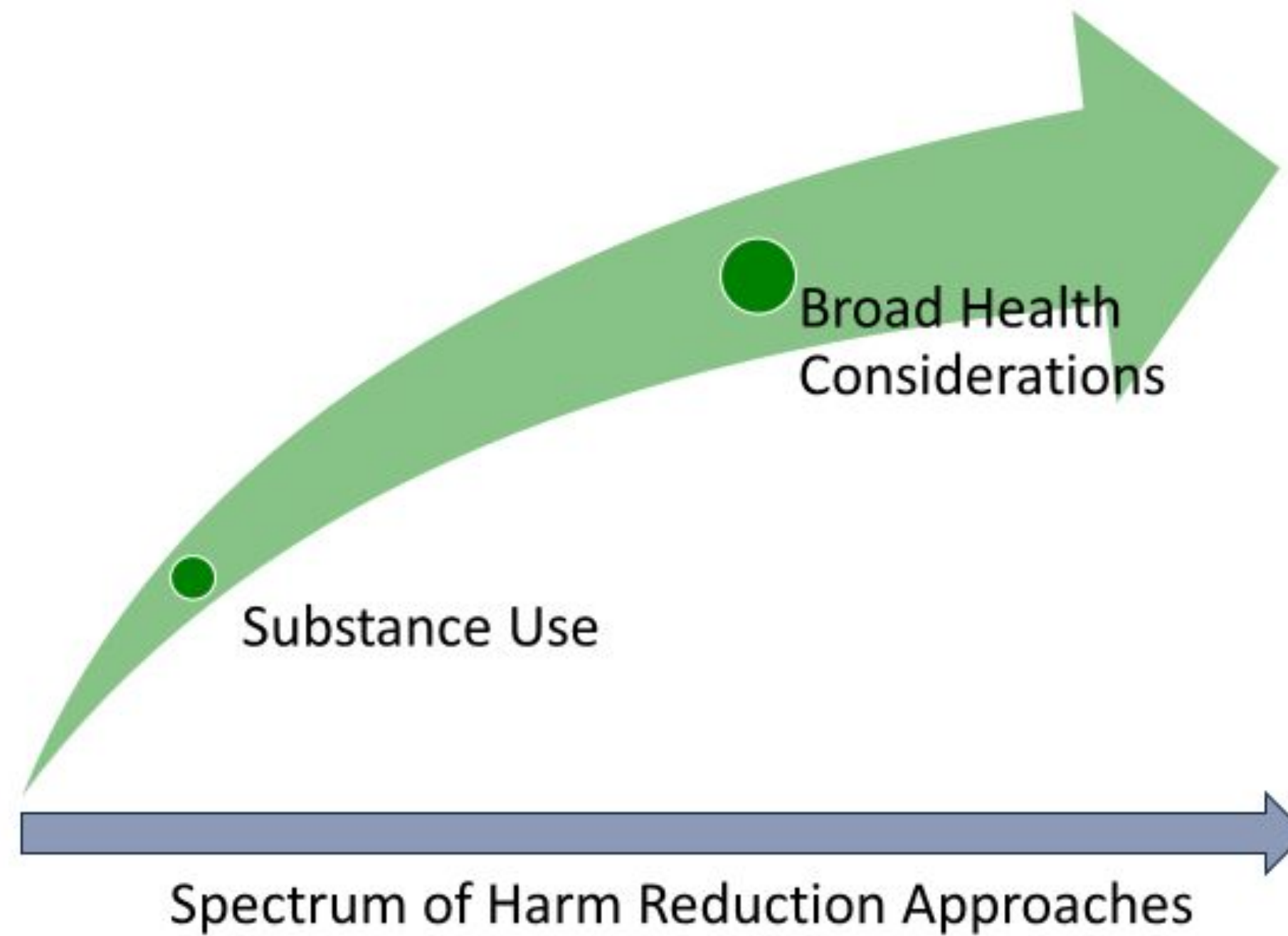
<https://www.nhi.fhwa.dot.gov/>

What is Harm Reduction?

- Anything done to eliminate or reduce the harmful or potentially deadly consequences of a behavior and to improve the physical, mental, and social wellbeing of those served
- This is a philosophy and not only specific to drug use
- Anyone can use a harm reduction approach



The Evolution of Harm Reduction at NHCHC



**Behaviors may
be stopped,
altered, or
added**

**Behaviors
decrease harm
and improve
health**

Stop

Substance
Use

Leave
Violent
Situation

Alter

Decrease
Smoking

Use invisible
methods of
birth control

Add

Safety
Plan

Engage in
Medical
Care

Harm Reduction in Practice

- Respect autonomy: start where the person wants to start; you are probably traveling the same direction
- Engage in open dialogue about the person's goals, concerns and options; maintain open communication
- Focus on decreasing risk and increasing safety
- Make a specific plan and check-in on progress or problems
- Provide education – on risks, self-management, how to seek more help



Harm Reduction In Practice

- You do not have to be an expert or know everything
- Create a space that is safe, fosters communication, and builds trust
- Beware of stigma and assumptions – ask open ended questions!
- People are experts in their own lives
- Refer people to other services that your organization may not provide

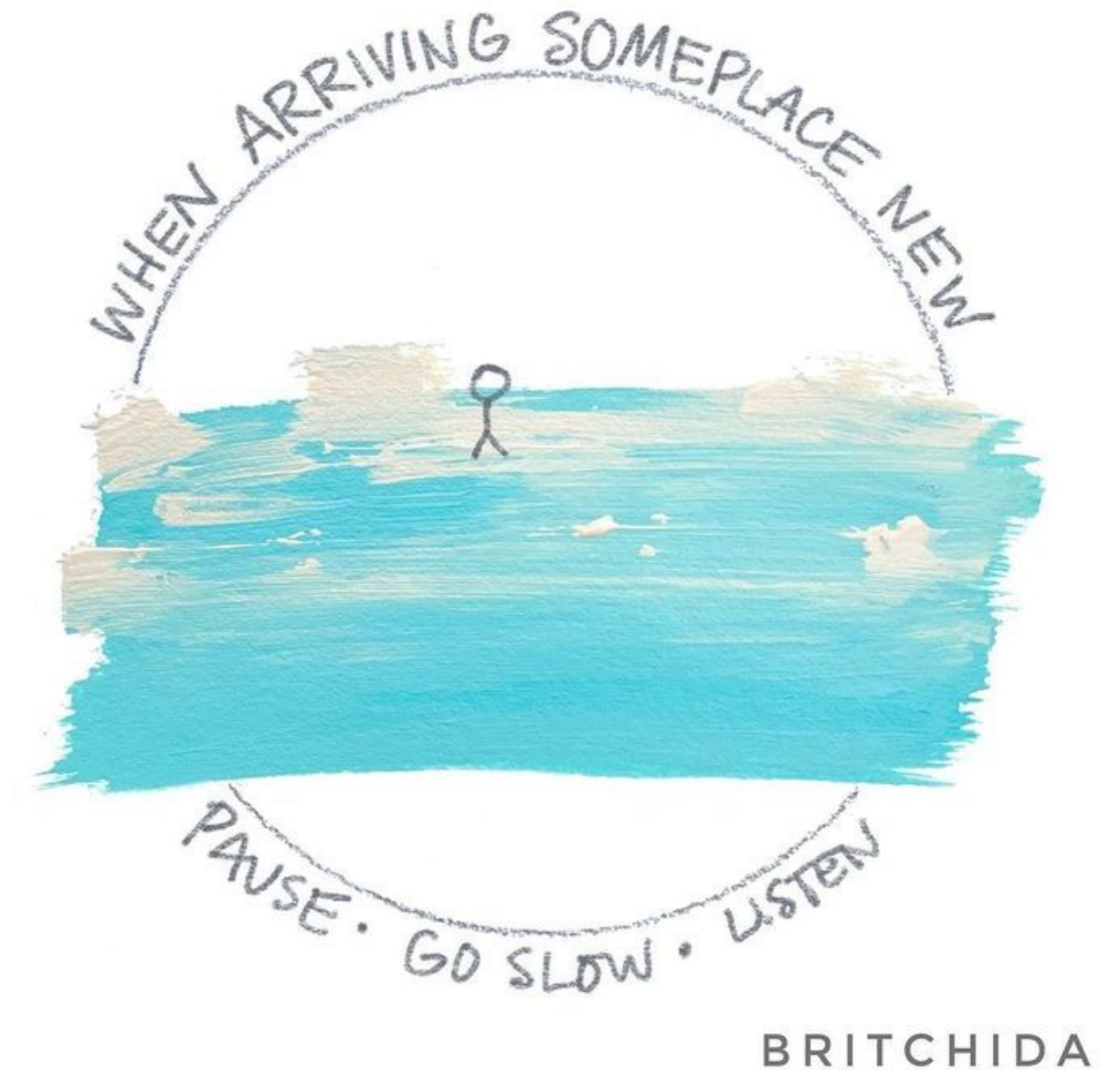
HARM REDUCTION SAVES LIVES



Trauma-informed Care vs. Healing-centered Engagement

- Trauma-informed care is important, but it is incomplete
- It doesn't acknowledge that trauma is experienced collectively not just individually
- Fails to address the root causes of trauma that exist in the environment, not the individual
- Focuses on coping with symptoms rather than healing from them

(Ginwright, 2018)



Healing-Centered Engagement

“A healing-centered approach is holistic, involving culture, spirituality, civic action and collective healing. A healing-centered approach views trauma not simply as an individual isolated experience, but rather highlights the ways in which trauma and healing are experienced collectively.”



Supports staff with their own healing.

Asks systems to build in structures to address the realities facing health staff

Helps staff better support patients/ clients and be present

Healing is a process we all need

Ginwright, S. (2018).
"The Future of
Healing: Shifting
From
trauma-informed
Care to
Healing-Centered
Engagement,"
Medium.



Audience Question

Why might a survivor choose not to disclose IPV/HT when screened or asked by a health care provider?

Please share in the chat box

What we have heard from survivors:

- ☐ Shame, judgement, stigma
- ☐ Fear, threats
- ☐ Fear of systems/police involvement
- ☐ Afraid children can be taken away
- ☐ Not knowing what is going to happen with the information
- ☐ Lack of awareness of victim status and rights
- ☐ Lack of knowledge of U.S. laws and contractual obligations
(in cases of labor trafficking)
- ☐ Language barriers and illiteracy

Rethinking Screening

- ✓ Low disclosure rates
- ✓ Not survivor centered
- ✓ Resources offered only based on a patient's disclosure
- ✓ Missed opportunity for prevention education

***What if disclosure/identification
is no longer the goal?***



Universal Education

Provides an opportunity for clients to make the connection between violence, health problems, and risk behaviors.



**** If you currently have IPV/HT screening as part of your health center requirements: we strongly recommend first doing universal education.***





CUES: An Evidence-based Intervention

Confidentiality
Universal Education
Empowerment
Support



(Above: four images of safety card tools)

CUES: An Overview



C: Confidentiality

- ✓ See patient alone, disclose limits of confidentiality

UE: Universal Education + Empowerment

- ✓ Normalize activity
- ✓ Make the connection—open the card and do a quick review

S: Support

- ✓ Provide a "warm referral" to your local domestic/sexual violence partner agency or national hotlines



Safety cards are available for different settings, communities and in a variety of languages at store.futureswithoutviolence.org/



C: “We always see patients alone”

1. Know your state or territories’ reporting requirements and share any limits of confidentiality with your patients.
2. Ensure that you can bring up relationships, violence, or stress safely by seeing patients alone for at least part of every visit.

Key Resources:

- “Seeing patients alone” video vignette: <https://youtu.be/Mvxem3WwQaY>
- Compendium of State and U.S. Territory Statutes and Policies on Domestic Violence and Health Care: <https://www.futureswithoutviolence.org/compendium-of-state-statutes-and-policies-on-domestic-violence-and-health-care/>



UE: Universal Education + Empowerment

1. Give each patient two safety cards to start the conversation about relationships and how they affect health.
2. Open the card and encourage them to take a look. Make sure patients know that you're a safe person for them to talk to.

"I've started giving two of these cards to all of my patients—in case you are ever struggling in a relationship or if you feel like someone is taking advantage of you - and also so you have the info to help a friend or family member."

Key Resources:

- CUES Intervention (shortened): <https://youtu.be/vqQ0CqMDy-s>
- Provider Discussion of Safety Card Intervention: https://youtu.be/-SS1XzO_Rqc
- Universal education, patient talks about sister: <https://youtu.be/N-llCsnGSI>
- Universal Education and Screening for Intimate Partner Violence in a Reproductive Health Setting: https://youtu.be/bnhx3Hwf_hs



S: Support

1. Make a warm referral to your local domestic/sexual violence partner agency or national hotlines (on the back of all safety cards).
2. Offer health promotion strategies and a care plan that takes surviving abuse into consideration.

“I am so grateful that you shared that with me. Thank you for trusting me with your story.”

“I hear you saying that things are complicated. Would you like me to offer some thoughts on what other people have found helpful? I’m also ok with just listening as well.”

CUES Follow-Up: Warm referral: https://youtu.be/G_l3iCgtVcM

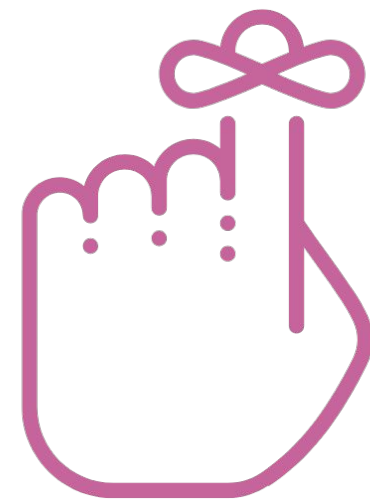
CUES Follow-Up: Offering support: <https://youtu.be/rycKRAPZtQE>

Universal Education and Screening for Intimate Partner Violence in a Reproductive Health Setting (Support piece): https://youtu.be/bnhx3Hwf_hs?t=242



S: Important Reminder

Though disclosure of violence is not the goal, it will happen -- know how to support someone who discloses.

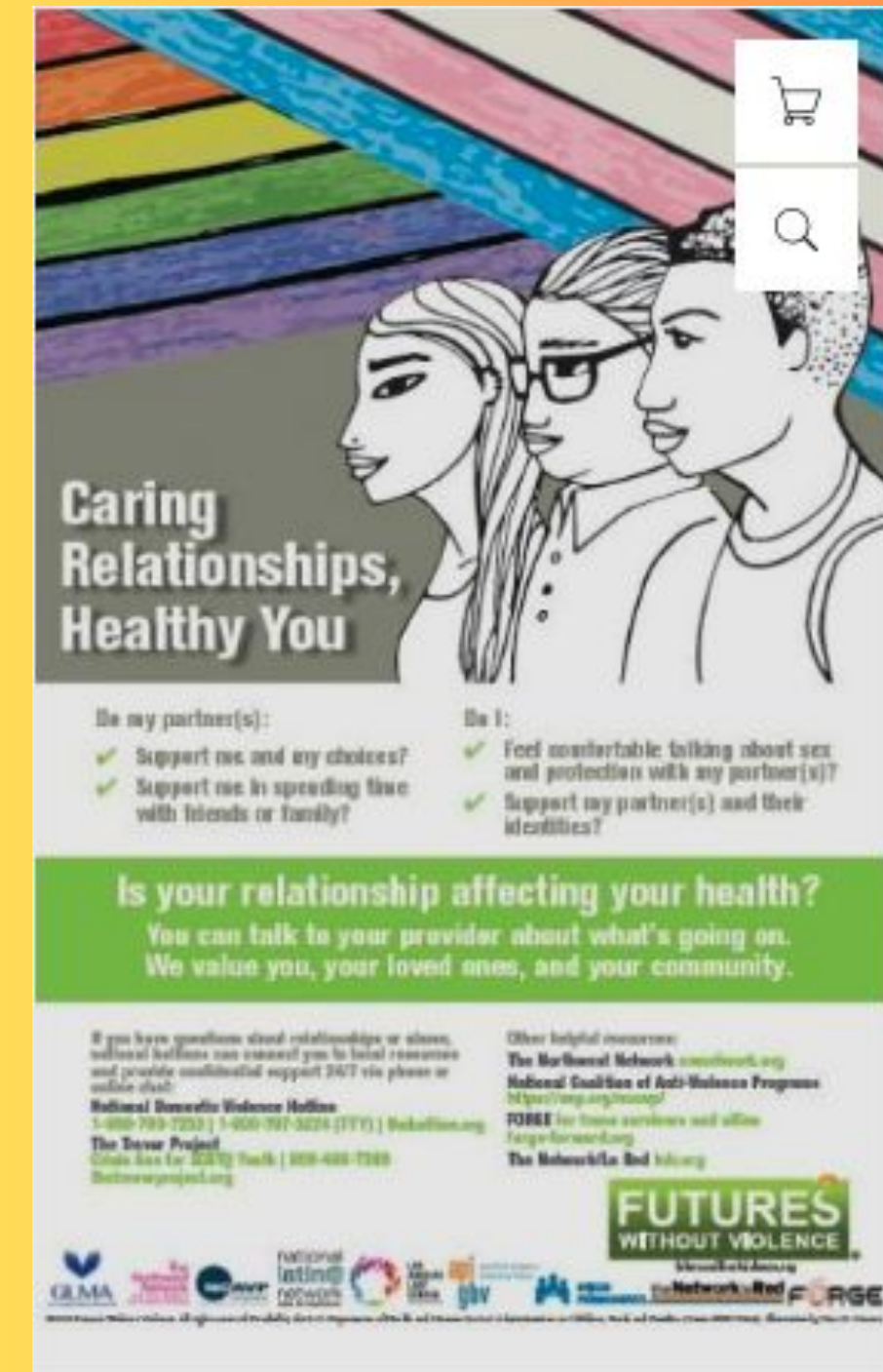


CUES/Safety Card Resources



Safety cards, posters, and provider explainers may be ordered or downloaded for free:

<https://store.futureswithoutviolence.org/>





University of California
San Francisco



TRAUMA
RECOVERY
CENTER

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CHATT

Communities Healing and Transforming Trauma

TRC Speaker's Bureau

Facilitator: Carla Richmond, LCSW

CHATT Ground Rules

Before we turn it over to our speaker/s, there are a couple ground rules I'd like to ask you to observe.

#1 We have made a specific arrangement to record today's presentation for webinar registrants. Beyond that official agreement, please do not photograph, audiotape, or videotape our speaker today. It is vital that our speakers retain agency over their stories.

#2 We invite you to share the learning from the story that you will hear today. Especially for those joining from the Bay Area, please remember our speakers retain their right to privacy, if you were to see them in public.

#3 You will have opportunities to ask questions after our speaker's talk, and if some questions are too much for survivors to answer, we may pass on them, just so you know ahead of time.



Self-Care

A note about self-care. We invite you to please take care of yourself as you are listening today. We give the same encouragement to our speakers. Feel free to take a breath, a moment to ground, drink water, or to do any other self-care as we talk today.



Question and Answer

We welcome you to put your questions in the chat or in the Q&A box.

Adaptable Health Center Protocol on IPV/HT

In English and Spanish

<https://healthpartnersipve.org/futures-resources/sample-health-center-protocol/>

[Name of Community Health Center]	
MANUAL: Clinical	Section:
Exploitation, Human Trafficking, and Intimate Partner Violence	
Policy Approved:	Procedures Last Revision Date:
Policy Last Review Date:	Procedures Last Review Date:

Protocol for HRSA-supported Community Health Centers to Engage Patients through Universal Education Approaches on Exploitation (E), Human Trafficking (HT), Domestic Violence (DV) and Intimate Partner Violence (IPV)

Protocol Purpose: The protocol purpose is to prevent exploitation, human trafficking, domestic violence, and intimate partner violence by helping patients have healthy relationships and promote their health as workers. This will occur through universal education about healthy relationships and fair labor practices for the prevention of abuse, violence, and exploitation. The protocol will enable the health center to provide trauma-informed, survivor-centered care; intervention with clinical and case management services; and formalized ways to connect patients with community-based services that provide resources for domestic violence, employment assistance, housing, food, civil legal aid, and other basic needs. Also, health centers will attend to the patients' physical and mental health needs and create safety plans in partnership with community-based advocates. Patients often have physical and emotional safety needs that must be supported by trauma-informed protocols and healing services. For example, health impacts of domestic violence and human trafficking/exploitation include exacerbation of chronic illness, sexually transmitted infections, reproductive coercion, traumatic brain injuries and history of strangulation, anxiety, depression, and post-traumatic stress disorder (PTSD). (For more information about the health impact of trauma and abuse, and to download community health center tools on these topics visit: <https://ipvhealthpartners.org/>).

This protocol also serves as a support resource for health center staff. Given the prevalence of violence and exploitation in communities, health center employees also have personal experiences of violence, abuse, trauma, or exploitation, and may experience vicarious trauma, secondary traumatic stress, or PTSD re-traumatization from caring for patients affected by violence. The community-based resources in this protocol also serve as resources for staff. In addition, it is recommended that health centers create workplaces free from domestic violence, sexual harassment and violence, and stalking (helpful policies and toolkits are available through [Workplaces Respond to Domestic and Sexual Violence: A National Resource Center](https://www.workplacesrespond.org/), a project of Futures Without Violence, visit <https://www.workplacesrespond.org/>).

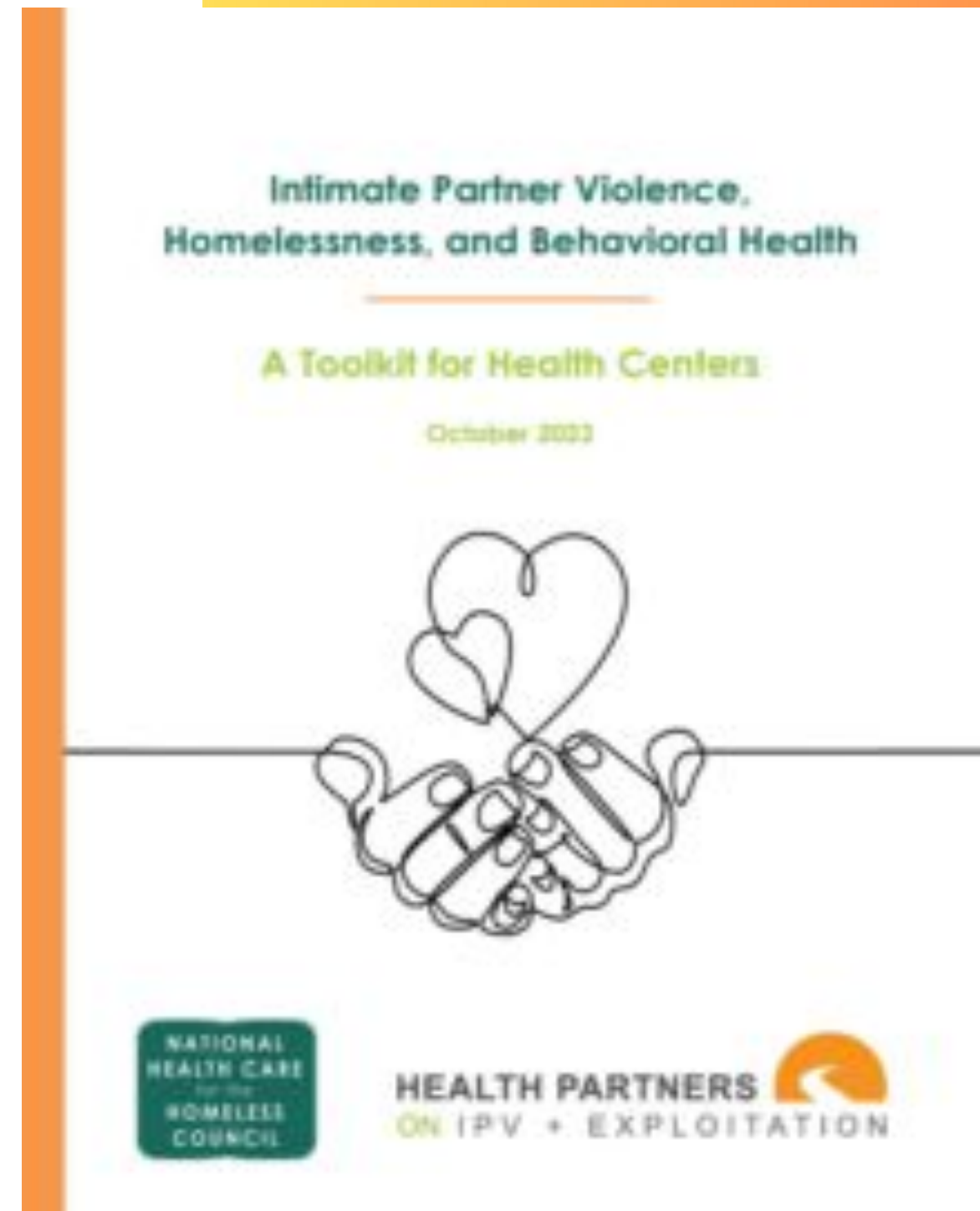
This protocol addresses both [intimate partner violence \(IPV\)](#) and [domestic violence \(DV\)](#) and the terms are used interchangeably (with "domestic violence" as the broader term across the document).

Intimate Partner Violence, Homelessness, and Behavioral Health: A Toolkit for Health Centers

Developed in collaboration with the National Health Care for the Homeless Council, the following toolkit is intended to assist health centers and community-based programs in addressing the intersection of IPV and homelessness in four domains:

- Foundations of intersectional practice
- Provider self- and team-care
- Guidance on clinical conversations
- Community partnership

<https://healthpartnersipve.org/futures-resources/intimate-partner-violence-homelessness-and-behavioral-health-a-toolkit-for-health-centers-2/>



Resources

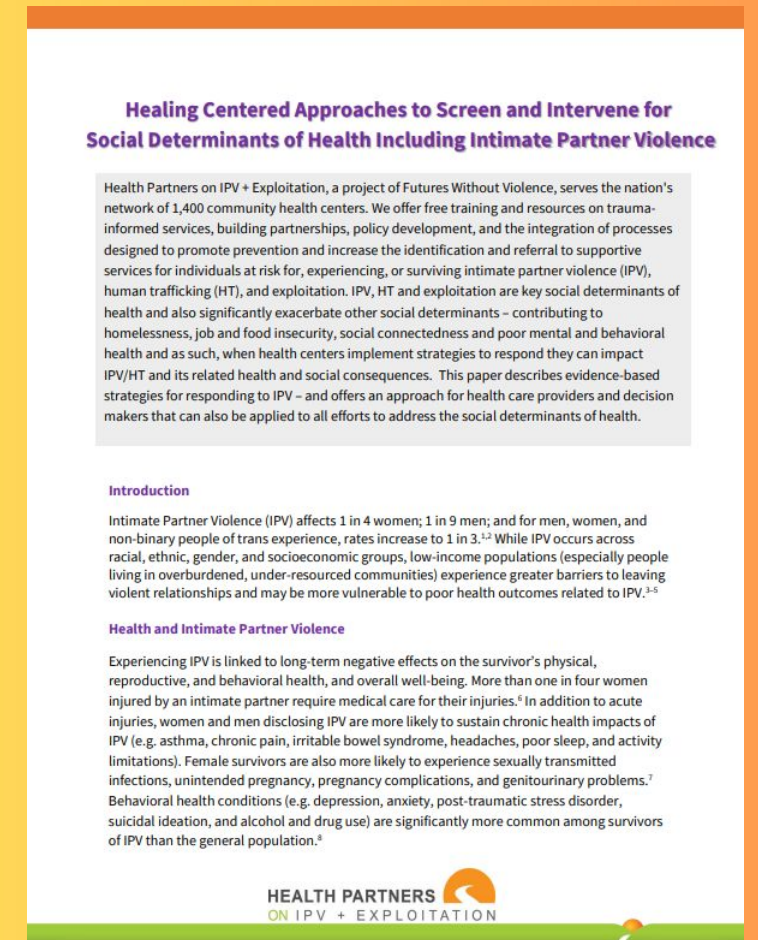
1. Increasing Capacity to Address Health, Justice, & Equity Through Partnerships (Toolkit)
2. Increasing Health Care Enrollment for Survivors of Domestic Violence
3. Quality Assessment / Quality Improvement Tool
4. Healing Centered Approaches to Screen and Intervene for Social Determinants of Health Including Intimate Partner Violence (A Paper)

Find resources here:
<https://healthpartnersipve.org/general-resources/>

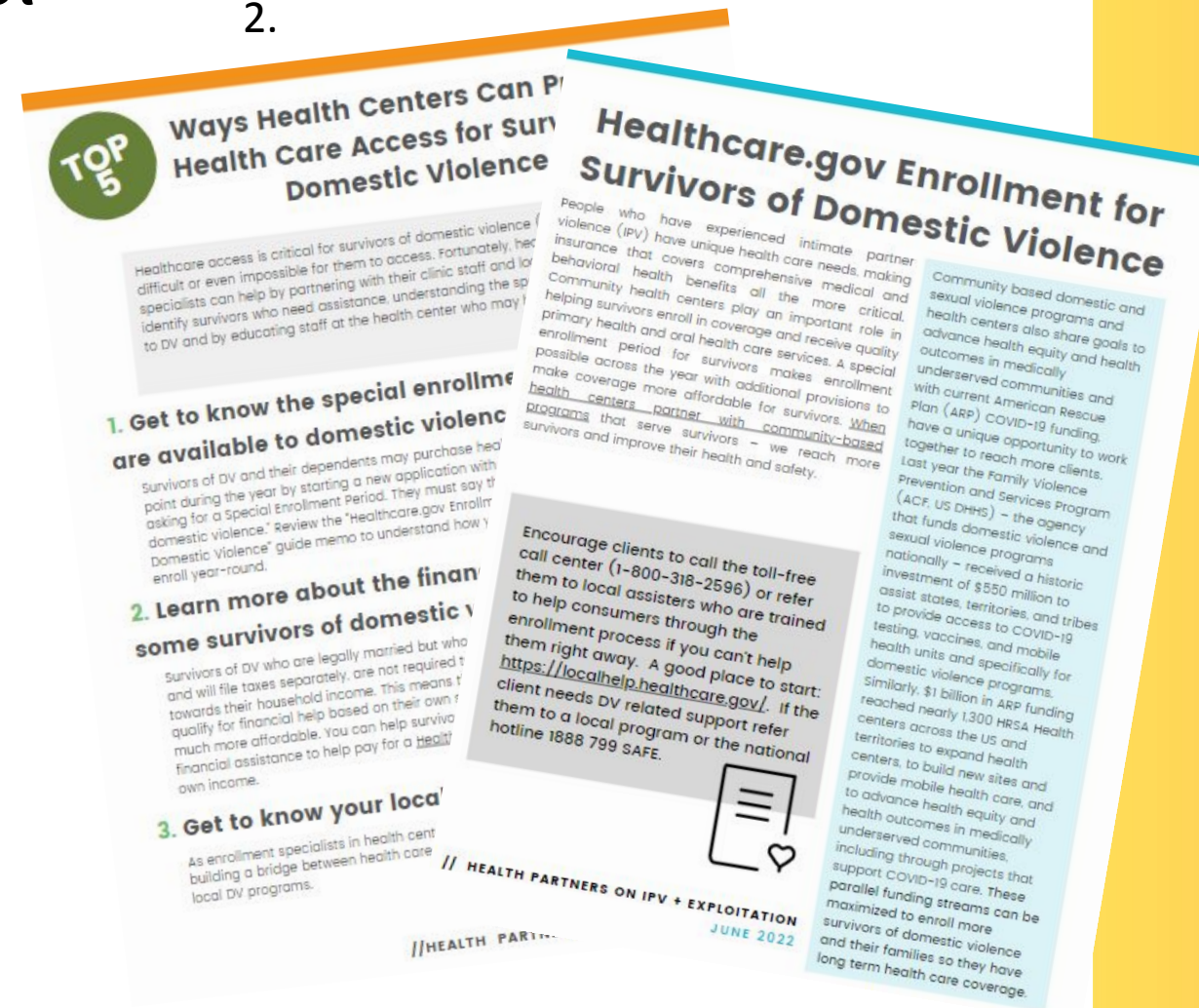
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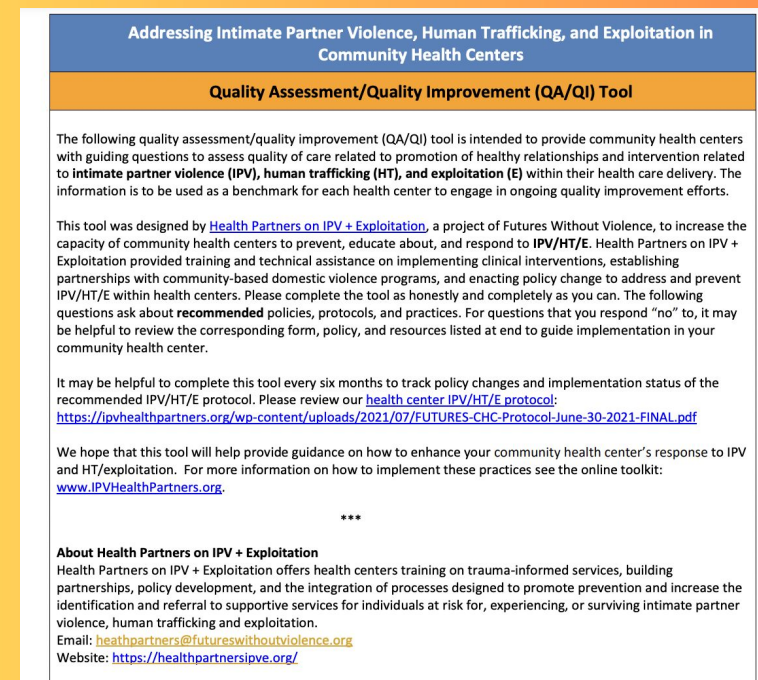
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This resource was developed with support from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award to Health Partners on IPV + Exploitation (Futures Without Violence) totaling \$650,000 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more info visit HRSA.gov.

Resources

- NHCHC Harm Reduction Training: <https://nhchc.org/resource/harm-reduction/>
- NHCHC Substance Use Guidelines: <https://nhchc.org/resource/substance-use-guidelines/>
- National Harm Reduction Coalition - Getting Off Right: A Safety Manual for Injection Drug Users: <https://harmreduction.org/issues/safer-drug-use/injection-safety-manual/>
- National Harm Reduction Coalition - Pregnancy and Substance Use: A Harm Reduction Toolkit:
<https://harmreduction.org/issues/pregnancy-and-substance-use-a-harm-reduction-toolkit/>



Thank you and Evaluation!

Please open the link that's posted in the chat box and complete the post-survey.

<https://redcap.link/owm8jolo>

Stay connected by signing up for our monthly e-list: Catalyst for Change

To sign up, see bottom of page:

www.healthpartnersipve.org