

# Supporting Providers and Centering Survivors

Rethinking Success Through Partnerships and  
Innovations to Support People Experiencing  
Homelessness

Please introduce  
yourself in the chat  
by typing your  
name, pronouns,  
location and  
workplace!



## Brought to you by:

Health Partners on IPV and Exploitation  
(Futures Without Violence)

National Health Care for the Homeless  
Council



**FUTURES**  
WITHOUT VIOLENCE



NATIONAL  
HEALTH CARE  
*for the*  
HOMELESS  
COUNCIL

# Faculty



**Anna Marjavi**

She/her/hers  
Director

Health Partners on IPV & Exploitation  
**Futures Without Violence**



**Surabhi Kukke, MPH**

She/her/hers  
Consultant

Health Partners on IPV & Exploitation  
**Futures Without Violence**



**Rebecca Levenson, MA**

She/her/hers  
Consultant

Health Partners on IPV & Exploitation  
**Futures Without Violence**



**Kelli Klein, BA**

She/her/hers  
Clinical Coordinator

**National Health Care for the Homeless Council**



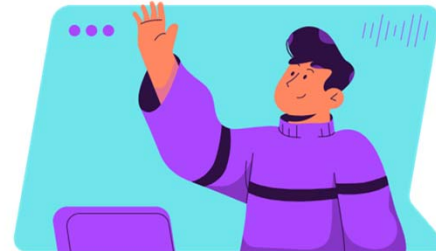
**Courtney Pladsen, DNP, FNP-BC, RN**

She/her/hers

Director of Clinical and Quality Improvement  
**National Health Care for the Homeless Council**

# Tech Welcome: Using Zoom

- Listen to audio through the phone or through the computer
- All participants are muted upon entry
- The chat box may be used for questions and comments (select “all Attendees and Panelists”)
- This webinar is being recorded, and the recording will be emailed to all participants attending this event.





# Agenda

- About Community Health Centers
- Healing Centered Engagement
- Understanding Gender
- Understanding Interpersonal Violence (IPV) and Human Trafficking
- Evidence-Based Universal Education Intervention (CUES)
- Subject Matter Expert Panel



# Supporting Providers and Centering Survivors: Rethinking Success Through Partnerships and Innovations to Support People Experiencing Homelessness: **A Learning Collaborative**

*Spaces are still open for health centers to join!*

## **Four small group activities:**

- **Learning Collaborative Cohort Meeting: Part 1**  
Thursday, May 27 at 12pm CT (40 minutes)
- **Learning Collaborative Cohort Meeting: Part 2**  
Thursday, May 27 at 12:45pm CT (40 minutes)
- **Learning Lab: CUES and Healing Centered Engagement**  
Wednesday, June 9 at 11am CT (60 minutes)
- **Learning Lab: Developing Community Partnerships to Support Inclusive Behavioral Health Services**  
Thursday, June 24 at 12 CT (60 minutes)



**Join us! Register:** <https://www.surveymonkey.com/r/NHCHCFUTURESLC>

**Deadline:** Friday, May 21, 2021 at 11:59pm Pacific Time

# Overview of Community Health Centers (CHC)

Community health centers are community-based and patient-directed organizations that deliver no-cost/ low-cost comprehensive primary health care.

They often include:

- ✓ pharmacy
- ✓ mental health services
- ✓ substance use programs
- ✓ oral health services

Located in medically underserved areas and for medically underserved populations.

<https://findahealthcenter.hrsa.gov/>

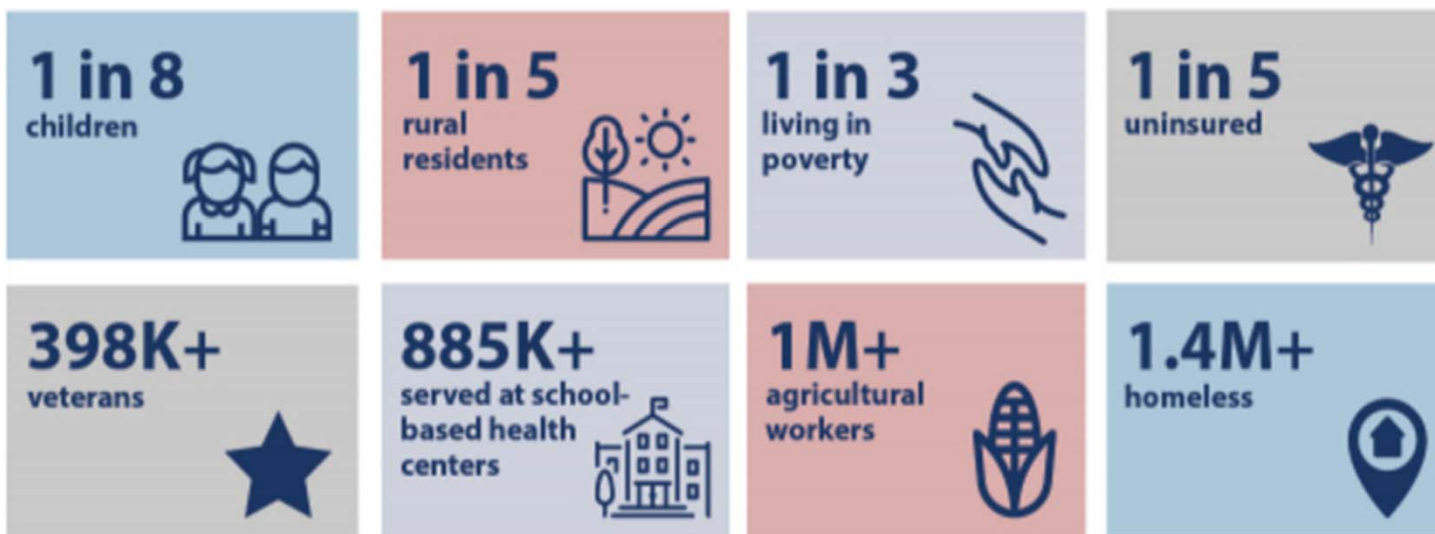


*Photo: CHC Staff at Asian Health Services in Oakland, CA in 2021*

# Community Health Centers Service Delivery

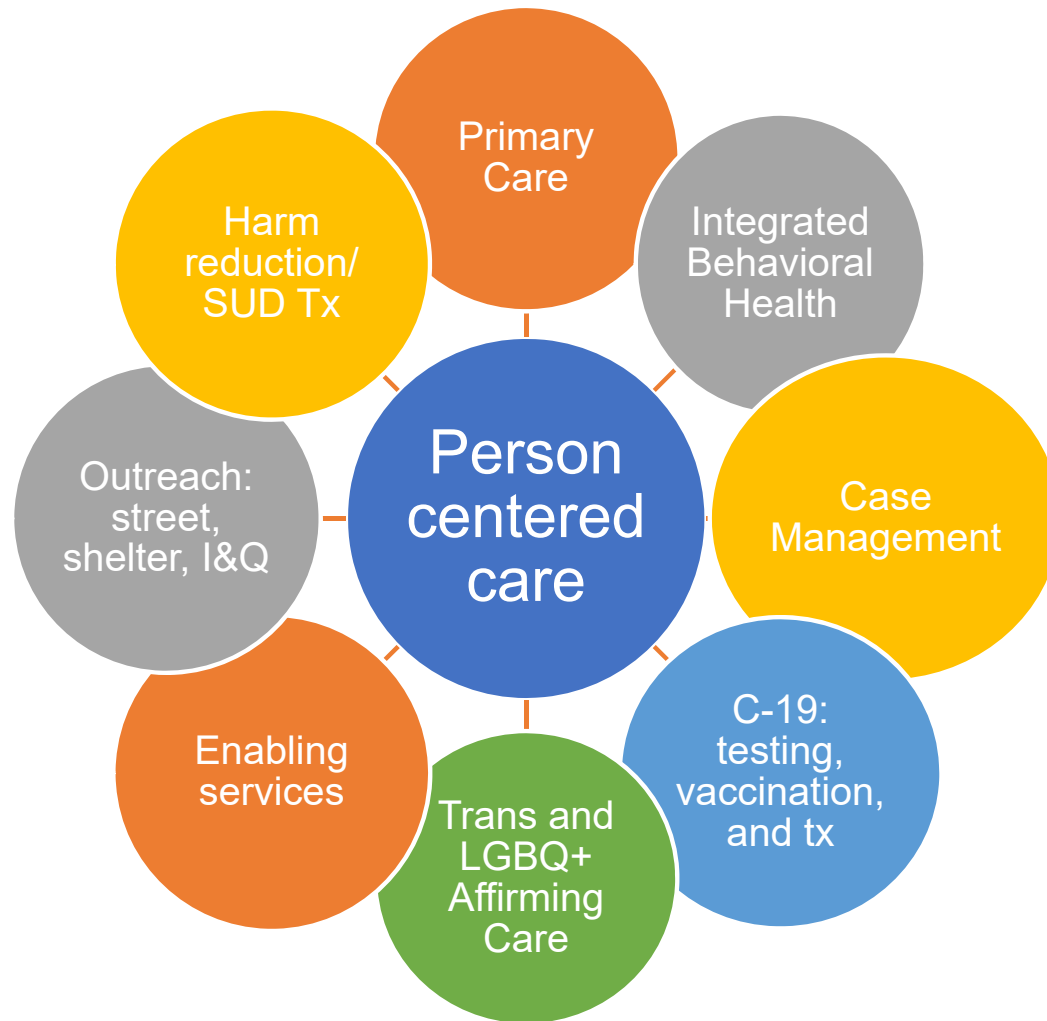
## HRSA-Funded Health Centers Improve Lives

Nearly 30M people—that's **1 in 11** in the U.S.—rely on a HRSA-funded health center for care, including:





# Common HCH Services





## Common HCH Approaches/Values

Harm Reduction

Culturally  
appropriate care

Trauma-  
Informed care

Consumer/client  
Leadership

No wrong door

Human Rights  
values

Advocacy and  
social justice

Radical inclusion

“Social  
Determinants of  
Health”

Self-  
determination

Self-care is  
quality care

Body autonomy

A photograph of a dense forest with tall, thin trees and a dirt path. The trees are mostly deciduous with green foliage. The ground is covered in brown leaves and ferns. The text "Let's Take A Collective Moment to Ground Ourselves" is overlaid at the bottom.

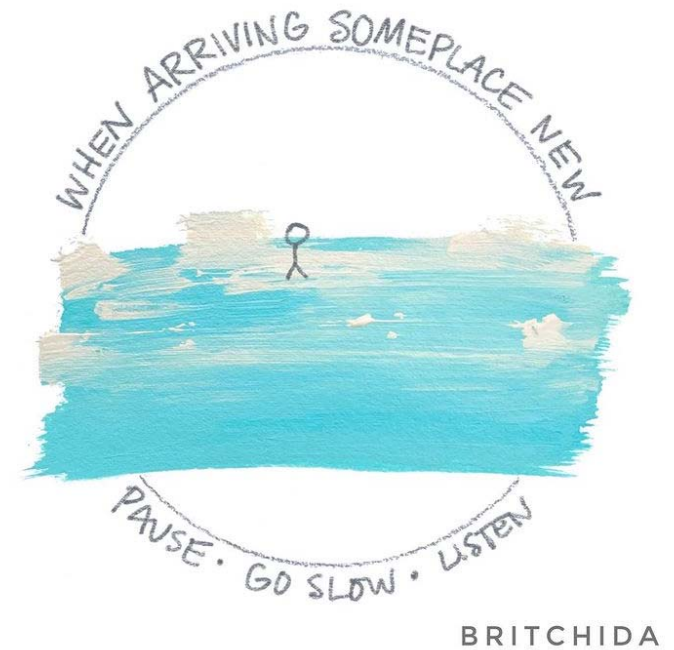
Let's Take A Collective Moment to Ground Ourselves



# 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)



BRITCHIDA

# 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 providers with their own healing.

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

Helps staff better support patients and be present

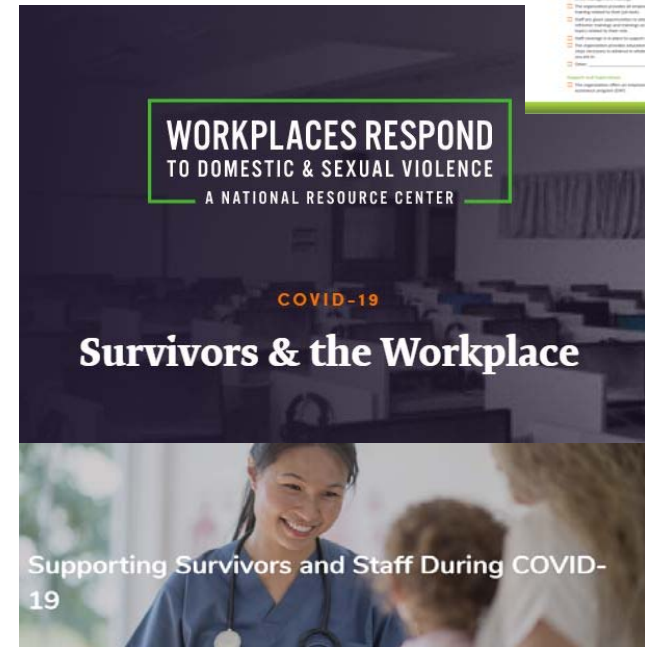
Healing is a process we all need

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



# Additional Resources for Supporting Staff

- Academy of Medical Royal Colleges: [Reflective Practice Toolkit](#)
- Workplaces Respond to Domestic & Sexual Violence <https://www.workplacesrespond.org/>
- [www.IPVHealthPartners.org/covid19](http://www.IPVHealthPartners.org/covid19)
- Capacitar International: Mindfulness Videos [www.capacitar.org/capacitar-videos/](http://www.capacitar.org/capacitar-videos/)
- *What About You?* A workbook for those who work with others (includes self-care and org-care checklists) [www.homelesshub.ca/resource/what-about-you-workbook-those-who-work-others](http://www.homelesshub.ca/resource/what-about-you-workbook-those-who-work-others)



# Making the Connections

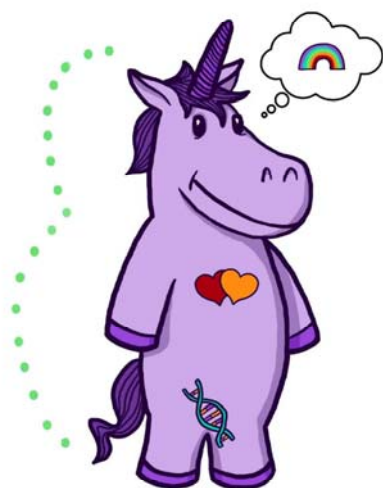
Gender, housing,  
behavioral health,  
substance use, and  
intimate partner  
violence/exploitation

# Understanding Gender

# Gender identity and expression: our focus for today

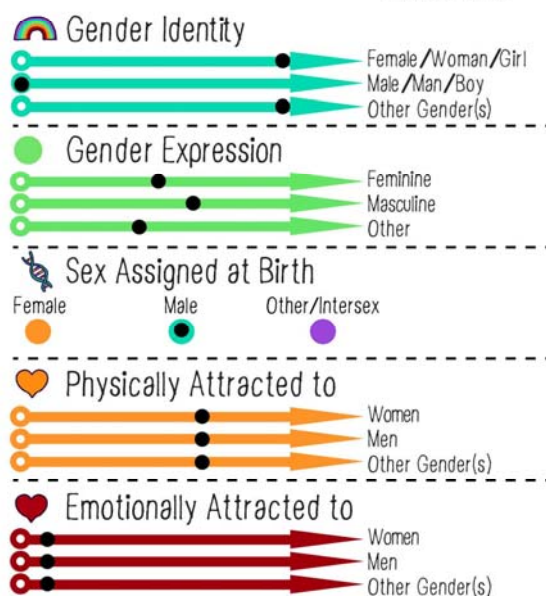
## The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore



### Some definitions

- Cis Woman/Man/Person
- Trans Woman/Man/Person
- Gender fluid
- Non-binary
- "Passing"

SELECT YOUR GENDER:

☐ ☐

☒

# Intersectionality



“Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects. It’s not simply that there’s a race problem here, a gender problem here, and a class or LGBTQ problem there. Many times, that framework erases what happens to people who are subject to all of these things.”

--Kimberlé Crenshaw

**There is no such thing as a single-issue struggle because we do not live single-issue lives.**

**Audre Lorde**

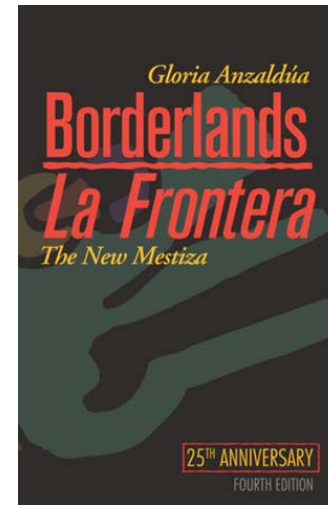




# Intersectionality and the myth of universal services

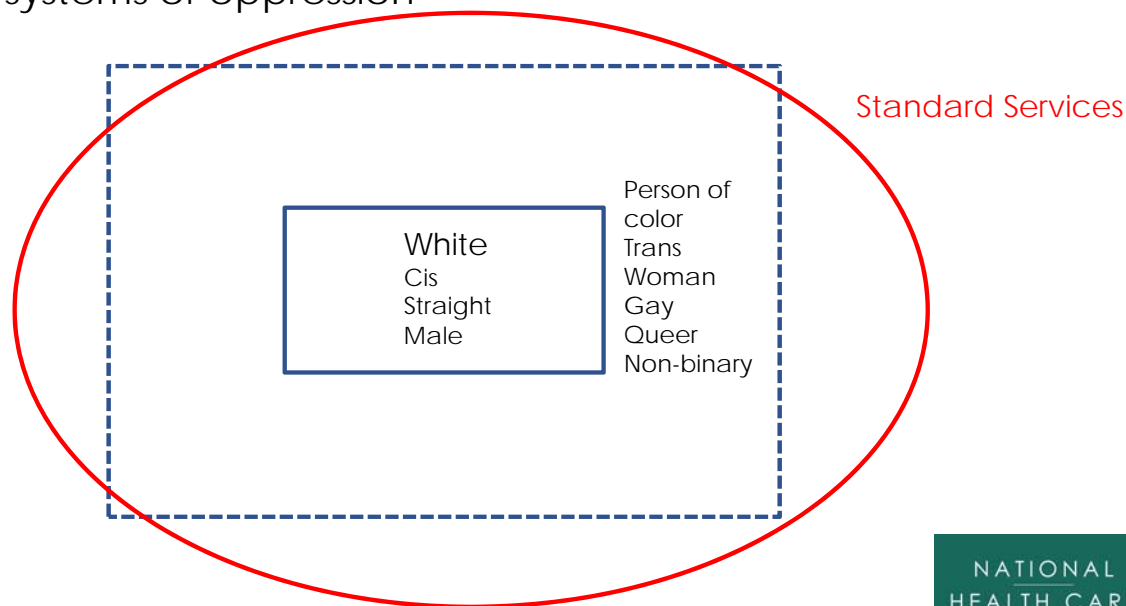
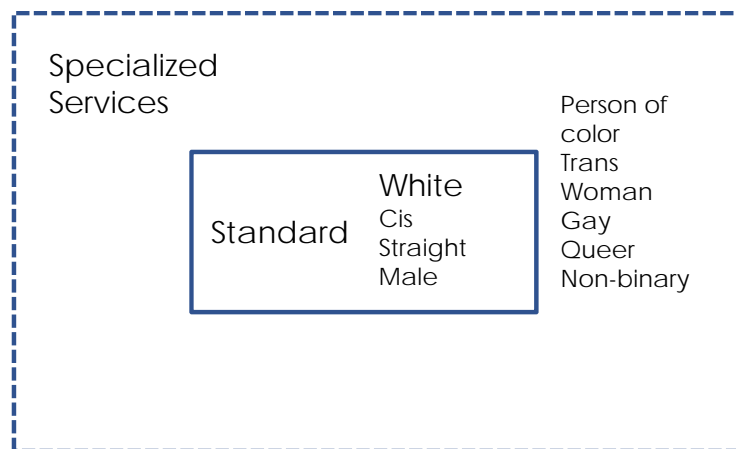
“The other issue is that intersectionality can get used as a blanket term to mean, ‘Well, it’s complicated.’ Sometimes, ‘It’s complicated’ is an excuse not to do anything. At AAPF and the Center for Intersectionality and Social Policy Studies, we want to move beyond that idea.

--Kimberlé Crenshaw



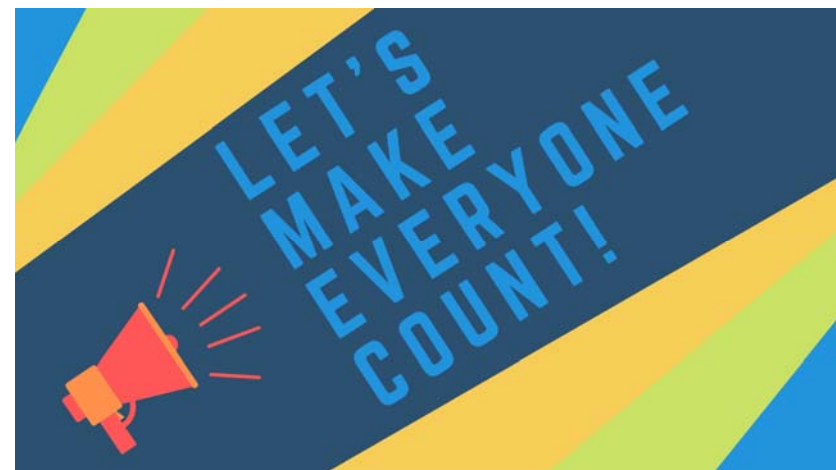
# Intersectionality and the myth of universal services

- One tool and effect of oppressive systems is that they “normalize” certain groups
- This means everyone else is “othered”
- Universal/gender-neutral/race-neutral services are often based on a standard that can exclude people who experience systems of oppression



# Consequences of the myth of gender neutrality: unsheltered homelessness

- According to the Point-in-Time Count (PIT), homelessness and unsheltered rates among transgender people are increasing at an astounding pace. The number of adult transgender individuals experiencing homelessness increased 88 percent since 2016 and the number experiencing unsheltered homelessness increased 113 percent during the same period.
- Transgender individuals are disproportionately unsheltered. Sixty-three percent are living in such situations. For comparison, 49 percent of cisgender people experiencing homelessness are unsheltered.



# Understanding Interpersonal Violence and Exploitation



# What is Intimate Partner Violence (IPV)?

One person 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, 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



# Intimate Partner Violence/Sexual Violence Data



Highest risk ages 18-24 and a high percentage of mothers

- In rural settings, the **incidence of IPV may be as high as 50%** during the perinatal period (Bailey, 2007)

**1 in 5 women**  
experienced completed  
or attempted rape during  
her lifetime.

**1 in 14 men**  
was made to penetrate someone  
(completed or attempted) during  
his lifetime.



National Intimate Partner and Sexual Violence Survey: 2015 Data Brief (2018)

- 61% of bisexual women** and **37% of bisexual men** and **44% of lesbian women** and **26% of gay men** reported experiencing rape, physical violence, and/or stalking by an intimate partner in their lifetime.
- Of transgender individuals, 34.6%** reported lifetime physical abuse by a partner and **64%** reported experiencing sexual assault.

The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report. Centers for Disease Control

# Definition of Trafficking

25

- U.S. law defines **human trafficking** as the use of force, fraud, or coercion to compel a person into commercial sex acts or labor or services against his or her will.
- The one exception: Inducing a minor into commercial sex is considered human trafficking regardless of the presence of force, fraud or coercion.



## Definition of Sexual Exploitation

**Sexual exploitation:** Actual or attempted abuse of a position of vulnerability, power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.

- Coercion from employers/workplace
- Coercive rent/debt exchange
- Trading drugs/children's sex

Source for definition: [https://www.who.int/docs/default-source/documents/ethics/sexual-exploitation-and-abuse-pamphlet-en.pdf?sfvrsn=409b4d89\\_2](https://www.who.int/docs/default-source/documents/ethics/sexual-exploitation-and-abuse-pamphlet-en.pdf?sfvrsn=409b4d89_2)



## Health Care's Role — Important Questions

27

Question	Answer
<b>Can a healthcare professional determine who meets the federal trafficking definition?</b>	No. Human Trafficking is a crime, determined by the criminal justice system.
<b>Should we use a public health definition for exploitation, similar to IPV?</b>	Yes. Exploitation is more expansive and captures the risks and vulnerabilities for human trafficking.
<b>What needs to be reported for the new HRSA UDS measure on human trafficking?</b>	The recommended ICD-10 codes for UDS reporting are for suspected or confirmed <b>“exploitation”</b> .
<b>What about adolescents and mandatory reporting?</b>	Commercial sexual exploitation of a minor is child abuse, and mandatory reporting applies. Follow current laws on reporting.



## Trafficking & Exploitation: Learning Points

- ✓ It's common
- ✓ It overlaps with domestic violence
- ✓ As people are economically disenfranchised, exploitation shows up more and more
- ✓ Victims rarely identify as “trafficked”
- ✓ Victims need you for support
- ✓ An advocate can be transformative in a client's understanding of their DV/HT experience and healing





# How does Power and Control show up in relationships?

---

Share in Chat

## IPV/HT – Gendered Drivers of Homelessness

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

- **Approximately 50%** of all women who experience homelessness report that intimate partner violence (IPV) led to their homelessness
- **80% of homeless mothers** with children have previously experienced domestic violence



# Power and Control: Vulnerability to Homelessness

Some control tactics that impact housing security:

- survivor's credit or rental history destroyed by generating debt in the survivor's name
- defaulting on bills that have the survivor's name listed on them, making it increasingly difficult to obtain a lease
- lack of steady employment, resulting from missing work due to violence or being fired due to the abuser's stalking/harassing behaviors
- housing discrimination when landlords evict them due to repeated police presence at the apartment or property damage caused by the abuser
- loss of subsidized or other affordable housing by violating the voucher requirements or rental agreement.

These barriers are further compounded for people who experience additional forms of oppression, such as Black, Indigenous and other people of color, the LGBTQ community, 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; )



**Research suggests that women may also be more likely than men to use prescription opioids to self-medicate for other problems including anxiety or stress.** (McHugh 2013)



## Youth, Substance Use, and Cumulative Trauma

---

- Traffickers often introduce victims to illicit substances or use existing drug or alcohol addictions to force them into exploitative circumstances. (Litam, 2017)



## IPV & Substance Use Coercion

**Substance use is another way abusive partners exert power and control**

**Hotline callers reported:**

- **27%** were **pressured or forced to use** alcohol or other drugs
- **24.4%** were **afraid to call the police**
- **60.1%** tried to prevent or discourage them from getting help
- **37.5%** **threatened to report** alcohol or other drug use to someone in authority to keep them from getting something they wanted or needed

**...because of their partner or ex-partner**

N = 3,380 people calling the National Domestic Violence Hotline

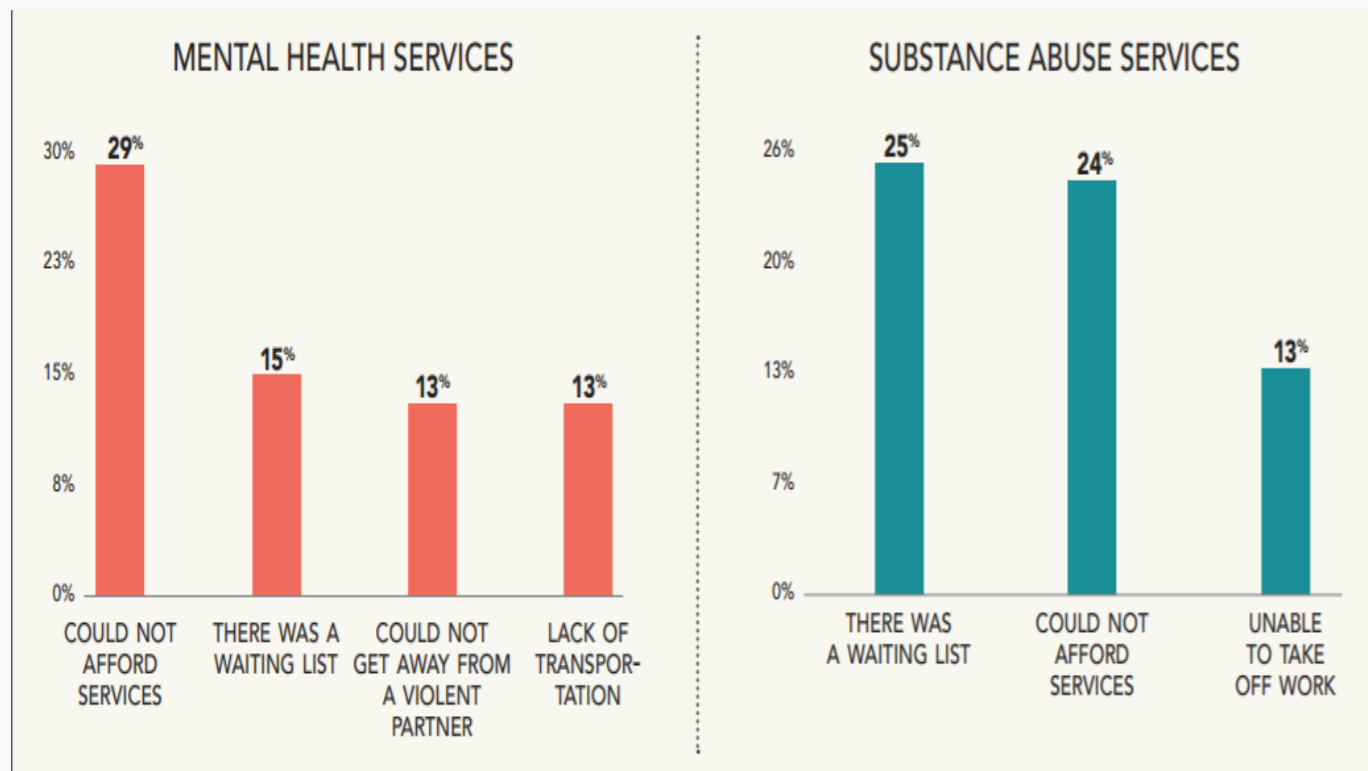
## Slide 34

---


**KK1**    Integrate this slide into the placeholder slide (no. 13)  
Kelli Klein, 4/14/2021

# IPV Survivors, and Access to Mental Health and Substance Use Support (2017)

35



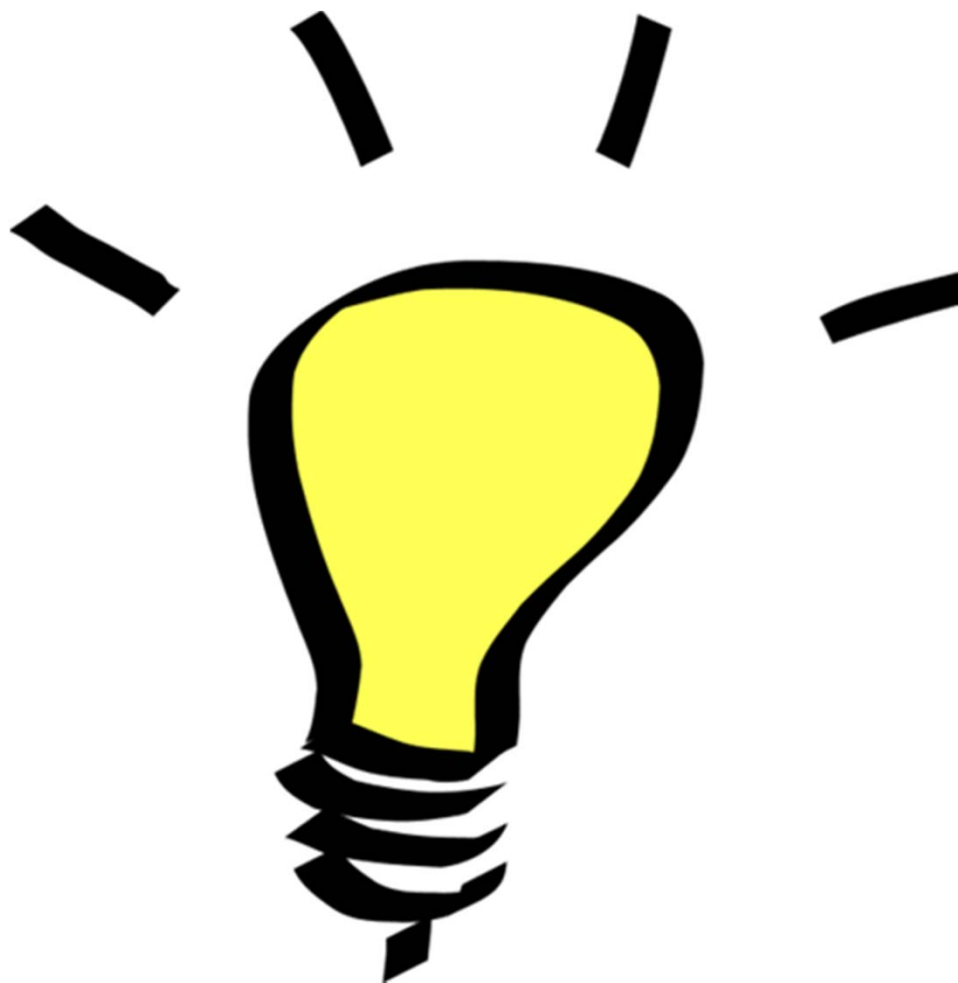
Evidence-based  
intervention to  
support survivors  
and prevent  
violence: CUES



How many of you have, or know someone who has ever left something out of a medical history or intentionally misreported information to their healthcare provider?

Answer in the chat: Why?





Challenging the  
limits of disclosure-  
driven practice...

...is part of healing  
centered  
engagement  
and equity

## CUES: An Evidence-based Intervention

39

**C**onfidentiality  
**U**niversal Education  
**E**mpowerment  
**S**upport

(See “CUES infographic” handout)



## CUES: A Brochure-based Intervention

40



## On Bad Days

**Sometimes if you are being hurt the safest choice is to leave—even if that means being on the street.**

- Being hurt, for some, means needing to exchange sex for money, food, showers, drugs or a place to sleep.
- Maybe you feel controlled or afraid of someone who is making you do things like this.

*If this happened to you, you are not alone and it isn't your fault. No one deserves to be hurt or made to feel afraid. Everyone deserves support for healing.*

## C: “We always see patients alone”

Before implementing CUES, establish a clinic-wide policy to see patients alone for part of every visit. Post a sign in waiting rooms and exam rooms that reads:



### **NEW CLINIC POLICY:**

For privacy compliance, every patient  
will be seen alone for some part of  
their visit.

Thank you for your help.

## UE (Universal Education + Empowerment)

- “We give all our clients two cards; they were created with folks who have been homeless who wanted to help others ---because they know what it’s like—and wanted you to not feel so alone in the hard parts.”
- **“We give two cards so you have info for yourself or to help someone that needs it. (*Open up the card*)** It talks about things like-- whatever has happened to you –you deserve to be treated—including by me--- with respect and kindness.
- The card covers things like if you are being hurt by someone and how to get support.” It also talks about how being hurt can lead to substance use and where to get support and treatment.”





## CUES is Healing-Centered Engagement

**Builds Relationships**

**Strength-Based  
Caring Focused**

**Focus on Altruism**

**Improves Access to  
Advocacy**

**Empowers clients and the  
folks they care about**

**Shares power between  
provider and client**

**“...the power of social support is more about mutuality than about getting for self...that is, there is a need to give, to matter, to make a difference; we find meaning in contributing to the well-being of others.”**

**- J.V. Jordan, 2006**





**REMEMBER:**  
Disclosure is  
**Not** the Goal, **and**,  
Disclosures Happen!

## **S:** Support with a compassionate response

What survivors say that they want providers to do and say



- **Be nonjudgmental**
- **Listen**
- **Offer information and support**
- **Don't push for disclosure**

(Chang, 2005)



## S: Positive Disclosure: One Line Scripts



- “I’m glad you told me about this. I’m so sorry this is happening. No one deserves this.”
- “You’re not alone.”
- “Help is available.”
- “I’m concerned for your safety.”

**Your recognition and validation of the situation are invaluable**



## S: DV Advocates Can Be Lifelines

- Remember that you can make a warm referral to an advocate! (You can learn more with us in the LC!)
- Domestic violence and sexual assault programs have vast experiences working with survivors of violence.
- Advocates assist survivors who have experienced IPV or HT to think and act in a way to increase personal safety while assessing the risks.
- Advocates connect patients to additional services like:
  - ✓ Housing and Legal advocacy
  - ✓ Support groups/counseling

Download a sample MOU: <https://ipvhealthpartners.org/partner/>



## [www.IPVHealthPartners.org](http://www.IPVHealthPartners.org) online toolkit + CUES

### Guidance on:

- ✓ Enhancing patient privacy
- ✓ Disclosing limits of confidentiality
- ✓ Universal education scripts
- ✓ Reaching friends and family
- ✓ Disclosures + supportive messages
- ✓ Warm referrals to local DV programs + Sample MOUs
- ✓ Safely sharing resources
- ✓ Tech privacy tips



[www.ipvhealthpartners.org](http://www.ipvhealthpartners.org)

Developed by and for  
community health centers in  
partnership with domestic  
violence programs

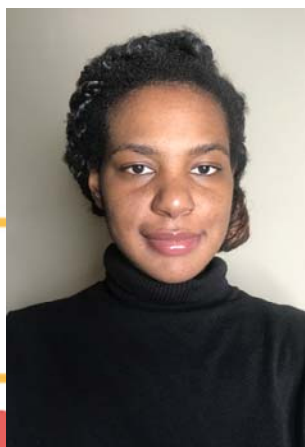
+ New guidance on COVID-19 and  
telehealth support



# Subject Matter Experts



**Heather Walker-McConihe**  
(she/her/hers)  
Peer Support/Recovery Coach  
Greater Portland Health  
Portland, Maine



**Alesha Alexcee**  
(she/they)  
Research Project Associate  
Chapin Hall, University of  
Chicago



**Tycelin Champagne**  
(she/her/hers)  
Peer and Outreach Worker  
Austin, TX



# Supporting Providers and Centering Survivors: Rethinking Success Through Partnerships and Innovations to Support People Experiencing Homelessness: **A Learning Collaborative**

*Spaces are still open!*

## **Four small group activities:**

- **Learning Collaborative Cohort Meeting: Part 1**  
Thursday, May 27 at 12pm CT (40 minutes)
- **Learning Collaborative Cohort Meeting: Part 2**  
Thursday, May 27 at 12:45pm CT (40 minutes)
- **Learning Lab: CUES and Healing Centered Engagement**  
Wednesday, June 9 at 11am CT (60 minutes)
- **Learning Lab: Developing Community Partnerships to Support Inclusive Behavioral Health Services**  
Thursday, June 24 at 12 CT (60 minutes)



**Join us! Register:** <https://www.surveymonkey.com/r/NHCHCFUTURESLC>

**Deadline:** Friday, May 21, 2021 at 11:59pm Pacific Time

# Evaluation Survey

Please complete the evaluation  
(see chat box for link)

<https://redcap.link/mgc69hpm>

## Contact Us:



**Health Partner on IPV + Exploitation**

**Email:** [ipvhealthpartners@futureswithoutviolence.org](mailto:ipvhealthpartners@futureswithoutviolence.org)

**Visit:** [www.futureswithoutviolence.org/health/nationalhealthnetwork](http://www.futureswithoutviolence.org/health/nationalhealthnetwork)



<https://nhchc.org/>



**THANK YOU!**

