

Intimate Partner Violence, Homelessness, and Behavioral Health

A Toolkit for Health Centers

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NATIONAL
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Acknowledgements

Authors

Anna Marjavi, BA

Director
Health Partners on IPV + Exploitation
Futures Without Violence

Courtney Pladsen, DNP, FNP-BC, RN

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

Camila Sanchez, BA

Program Assistant
Health Partners on IPV + Exploitation
Futures Without Violence

Kelli Klein, BA

Clinical Manager
National Health Care for the Homeless Council

Surabhi Kukke, MPH

Consultant
Futures Without Violence
Health Partners on IPV + Exploitation

Rebecca Levenson, MA

Senior Health Policy Consultant
Futures Without Violence
Health Partners on IPV + Exploitation

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Introduction

Intimate Partner Violence (IPV) is widespread: it affects 1 in 4 women; 1 in 9 men;¹ and for trans men, trans women, and non-binary people, rates increase to 1 in 3.² IPV has a range of negative health outcomes³, including stress-induced immune suppression⁴, reproductive coercion, sexually transmitted diseases (STIs)⁵, traumatic brain injuries and strangulation⁶, and a range of behavioral health impacts including substance use, depression, and post-traumatic stress disorder (PTSD).^{7 8}

Historically, IPV has also been cited as a primary driver of homelessness by many local governments⁹ and among members of the Health Care for the Homeless community¹⁰, and as such any efforts to end the crises of IPV and homelessness must address the intersection of these issues in clinical and systemic support for survivors. Health Care for the Homeless (HCH) health centers and domestic violence and sexual assault (DV/SA) advocacy programs are natural partners in this effort given their shared mission to improve the health, wellness, and safety of their clients.

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 partnerships

¹ <https://www.cdc.gov/violenceprevention/pdf/NISVS-infographic-2016.pdf>

² <https://ajph.aphapublications.org/doi/10.2105/AJPH.2020.305774>

³ Stubbs A, Szoek C. The Effect of Intimate Partner Violence on the Physical Health and Health-Related Behaviors of Women: A Systematic Review of the Literature. *Trauma Violence Abuse*. 2021 Feb 5:1524838020985541. doi: 10.1177/1524838020985541. Epub ahead of print. PMID: 33541243.

⁴ Black MC. 2011. Intimate partner violence and adverse health consequences: implications for clinicians. *Am J Lifestyle Med* 5(5):428-439. Breiding MJ, Black MC, Ryan GW. Chronic disease and health risk behaviors associated with intimate partner violence—18 U.S. states/territories, 2005. *Ann Epidemiol*. 2008; 18:538–544.

⁵ Sarkar NN. (2008). The Impact of Intimate Partner Violence on Women’s Reproductive Health and Pregnancy Outcome. *Journal of Obstetrics and Gynecology*, 28(3):266-271.

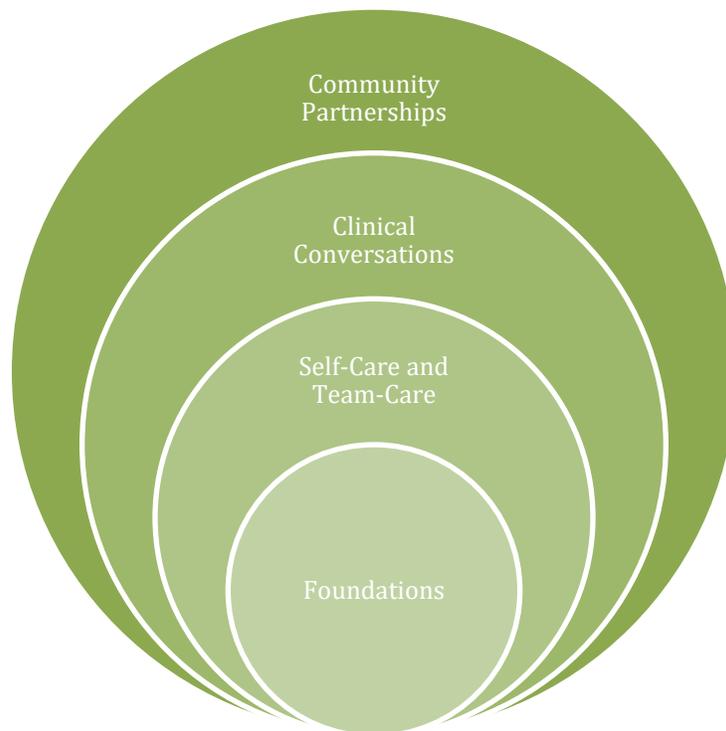
⁶ Campbell JC, Anderson JC, McFadgion A, Gill J, Zink E, Patch M, Callwood G, Campbell D. The Effects of Intimate Partner Violence and Probable Traumatic Brain Injury on Central Nervous System Symptoms. *J Womens Health (Larchmt)*. 2018 Jun;27(6):761-767. doi: 10.1089/jwh.2016.6311. Epub 2017 Oct 30. PMID: 29083256; PMCID: PMC6007801.

⁷ Crofford LJ. Violence, stress, and somatic syndromes. *Trauma Violence Abuse*. 2007; 8:299–313.

⁸ Ottisova, L., Hemmings, S., Howard, L., Zimmerman, C., & Oram, S. (2016). Prevalence and risk of violence and the mental, physical and sexual health problems associated with human trafficking: An updated systematic review. *Epidemiology and Psychiatric Sciences*, 25(4), 317-341. doi:10.1017/S2045796016000135

⁹ The United States Conference of Mayors. 1999. A Status Report on Hunger and Homelessness in America's Cities, p.39

¹⁰ <https://nhchc.org/wp-content/uploads/2019/08/SocialSupportsReport.pdf>



We will be reviewing the current data and reflecting on the challenges and potential solutions identified by people with lived experience (and via webinar recordings). Next, we will provide resources on centering self-care for health center staff and providers in this often-difficult work and explore the interpersonal relationship between provider/staff and consumer through a healing-centered engagement framework. Finally, we will encourage providers and organizations to partner with others in their community to move beyond trauma-informed care to systemic solutions and collective healing.

A Note on Language

Interpersonal violence: an umbrella term that describes physical, sexual, or psychological harm between individuals known to each other. “Interpersonal violence” is inclusive of a diversity of relationship models and can include “intimate partner violence” and “domestic violence.”

Intimate partner violence (IPV): describes physical, sexual, or psychological harm by a current or former partner or spouse.

Domestic violence (DV): violence that takes place within a household and can be between any two people within that household. DV can occur between a parent and child, siblings, or even roommates.

Resources

Foundations of Intimate Partner Violence, Homelessness, and Behavioral Health

The complexities of intimate partner violence and homelessness can often be overwhelming. We have found that prioritizing systemic solutions and storytelling can help clear the path forward for individuals addressing these issues. The following foundational webinars include both a bird's eye view of these twin national crises through data analysis and a close look at how these systems are experienced by individuals.

Resources:

(WEBINAR) [Gender, Homelessness, and Interpersonal Violence: Building Equitable Systems to Support Providers and Survivors](#) – Health Partners on IPV + Exploitation and the National Health Care for the Homeless Council – 2022 (In English, 1.5 hours)

This recorded resource includes presentations on foundations of gender diversity, intersectionality, and IPV; and a 30-minute panel comprising people with lived experience sharing their expertise and recommendations on the topic.

(WEBINAR) [Integrating Behavioral Health Approaches to Gender, Violence, and Homelessness](#) – Health Partners on IPV + Exploitation and the National Health Care for the Homeless Council – 2021 (In English, 1.5 hours)

This recorded resource includes presentations on foundations of homelessness, intersectionality, and IPV; and a 30-minute panel comprising people with lived experience sharing their expertise and recommendations on the topic.

(TOOLKIT) <https://ipvhealthpartners.org/> – This toolkit provides step by step guidance on how to build a comprehensive and sustainable response to IPV and human trafficking in community health centers in partnership with social service organizations.

Healing Starts with You: Resources for Providers

IPV can be one of the most difficult issues for health care providers and staff to address with their clients given their own potential experiences with IPV and the widespread experience of secondary trauma, also known as vicarious trauma. Addressing these realities for providers requires intentional care, and although a *trauma-informed* perspective is essential to any organizational efforts to reduce provider burnout, a *healing-centered* framework is necessary to move beyond coping to healing and growth.

"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."¹¹

This framework supports staff with their own healing, asks systems to build structures to support staff, and helps staff better support patients and be present. Healing is a process we all need. Below are some resources to start your own or your organization's journey to being more healing-centered.

(GUIDE) [Trauma-Informed Organizations Change Package: Self-Care](#) – National Health Care for the Homeless Council – 2020 – This online resource provides guidance for organizations seeking to formalize support for staff self-care.

(WEBINAR) [Building Resilience for Front Line Providers: What Does Self-Care Really Look Like?](#) – National Health Care for the Homeless Council – 2020 – This recorded presentation explores how health centers can foster resilience and reduce burnout for front line staff.

(WEBINAR) [Self-Care Basics in HCH Settings](#) – National Health Care for the Homeless Council – 2013 – An excellent resource to include in onboarding processes for all health center staff.

[VIDEO] [Capacitar Practices](#) – Capacitar International – 2015 – These videos offer guidance on a range of self-care techniques for emotional and physical health and wellbeing, including breathwork, guided meditation, and more.

[RESOURCE CENTER] [Supporting Survivors and Providers During COVID-19](#) – Health Partners on IPV + Exploitation – An online toolkit for health centers working in partnership with community-based domestic violence programs on IPV/HT/E

¹¹<https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>

[GUIDE] [What About You? A Workbook for Those Who Work with Others](#) – National Center on Family Homelessness – 2008 – This workbook, developed by the National Center on Family Homelessness, provides information about self-care and organizational care for anyone and everyone.



One Community Health

Case Study: One Community Health

In Hood River Oregon, One Community Health had the opportunity to support providers that were working at the intersections of homelessness, IPV and substance use to implement CUES. At this Suboxone site, one clinician had a client coming in to get started on treatment. In the course of that conversation, after treatment, the clinician started a conversation about CUES – helping the client make the connection between relationships that cause harm and connections to both substance use and homelessness. The client told the clinician that in that conversation they felt seen, understood, and cared for. It was a moment both for the clinician who shared this story and her colleagues at a follow-up meeting – to appreciate how something so simple could be so meaningful.

In addition to using CUES, One Community Health also established a memorandum of understanding (MOU) with its local domestic violence advocacy program. This partnership made it possible to help clients from both sides. For example, experiencing IPV is considered a “life qualifying event” –allowing survivors of DV to enroll in health care at any time during the year. Gaining this awareness encouraged shelter staff to ensure that all residents enrolled in health insurance and established a medical home at the local community clinic. Similarly, advocates could come to the community clinic to support clients that disclosed IPV. There was a reciprocity between the programs that made a big difference in building a community wide response and making it easier for survivors to navigate complex systems.

Clinical Conversations

Health care staff and providers should be equipped to discuss relationships and health given the prevalence of IPV and its negative health impacts. A healing-centered approach to addressing trauma in health centers goes beyond disclosure-driven access to supportive services and instead prioritizes confidentiality, universal education, and supportive services.

CUES is an evidence-based intervention in which health center staff discuss with all patients how relationships can affect health and how to get support. Unlike traditional screening methods, CUES does not rely on a disclosure of abuse in order to provide a patient with information and resources they might need. This approach relies on strong partnerships between community-based organizations and health centers.

CUES stands for Confidentiality, Universal Education + Empowerment, and Support. Below are resources and tools to learn more about the CUES methodology and how to integrate it into your clinical setting.

[INFOGRAPHIC] [CUES: An Evidence-Based Intervention to Address Domestic and Sexual Violence in Health Settings](#) – Futures Without Violence – This infographic offers a snapshot of the methodology in poster form: an easy way to keep it on staff radar is to put it up in a break room!

[FACT SHEET] [The Evidence Behind CUES: An Evidence-Based Intervention to Address Domestic and Sexual Violence in Health Settings](#) – Futures Without Violence – 2019– This research brief provides evidence for CUES and is useful for building buy-in in your organization.

[VIDEO] [Educational Videos for Health Professionals and Advocates](#) – Futures Without Violence – These short training videos can be used to coach staff through the practice of using safety cards.

[PATIENT RESOURCE] [Safety Cards](#) – Futures Without Violence – These small patient information tools are at the heart of the universal education approach. Supportive, non-judgmental information provided in a small, easy to hide, and shareable format (see below).

Safety Cards



Funded in part by the U.S.
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**FUTURES
WITHOUT VIOLENCE**
FuturesWithoutViolence.org

National Domestic Violence Hotline
1-800-799-SAFE (1-800-799-7233)
TTY 1-800-787-3224 | www.thehotline.org

The Crisis Text Line:
Text "START" to 741741

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Community Partnerships

No individual or organization alone can address the complex realities of interpersonal violence and homelessness. A collaborative, community-based approach to systemic change is necessary to provide comprehensive care and affect meaningful change. Below you will find resources to help initiate and formalize partnerships with other organizations in your community and guidance for how to ensure that all health center efforts are consumer-driven.

Organizational Partnerships

(TOOLKIT) [Improving Outcomes for Survivors Experiencing Homelessness: A Toolkit for Victim Service Providers](#) – The HOME Cohort – 2022 – A California-based resource that provides guidance on how domestic violence advocates can partner with continuums of care (COCs).

(TOOLKIT) [Building Sustainable and Fruitful Partnerships between Community Health Centers and Domestic Violence Advocacy Organizations](#) – Health Partners on IPV + Exploitation – 2022 – A great resource for organizations just starting to initiate partnerships with other organizations.

(WEBINAR) [Intimate Partner Violence/Human Trafficking: Building Partnerships between Community Health Centers and Domestic Violence Advocacy Programs](#) – Health Partners on IPV + Exploitation – 2022 – A recorded presentation of the above toolkit.

(SAMPLE MATERIAL) [Sample MOU between Community Health Centers and Domestic Violence Advocacy Organizations](#) – Health Partners on IPV + Exploitation – 2021

(SAMPLE MATERIAL) [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 \(IPV\)](#) – Health Partners on IPV + Exploitation – 2021

(CASE STUDY) [Integrating Intimate Partner Violence Advocacy in Health Care Services and Benefits](#) – CareOregon – 2017 – An Oregon-based resource that reviews recent efforts to address intimate partner violence in health care settings.

Consumer Leadership

“Consumer” is the term chosen to refer to people with lived experience of homelessness by the National Consumer Advisory Board of the National Health Care for the Homeless Council, but in this context can refer to a person with lived experience of sexual assault, domestic violence, human trafficking, and exploitation, as well.

Consumer leadership must be prioritized in any community-based effort to address IPV and homelessness. Consumer engagement can take many forms in a health center or community-based organization, including hiring peer support workers, community health workers, and/or forming a consumer advisory board. In all of these efforts, a commitment to consumer *leadership*, not just participation, is essential to providing high quality, equitable support services.

(GUIDE) [A Quick Guide on Consumer Governance in Health Care for the Homeless Projects](#) – National Health Care for the Homeless Council – 2016 – Helpful for those looking for a quick audit of their organization’s competency in consumer governance.

(RESEARCH) [Exploring the Experiences of Violence Among Individuals Who Are Homeless Using a Consumer-Led Approach](#) – National Health Care for the Homeless Council – 2014 – This study explored the experience, both as witness and as victim, of violence, by individuals experiencing homelessness.

(GUIDE) [Updated Consumer Advisory Board Manual](#) – National Health Care for the Homeless Council – 2021 – Provides guidance for how to operate a consumer advisory board.

(RESEARCH) [Consumer Perspectives on Behavioral Health and Health Equity](#) – National Health Care for the Homeless Council - 2022 – A helpful example of how to engage consumers in health center research.

(WEBINAR) [Effectiveness in Consumer Governance](#) – National Health Care for the Homeless Council – 2015 – A recorded presentation that is helpful for organizations in the intermediate and advanced stages of consumer governance.

(CASE STUDY) [Consumer Employment in the Health Care for the Homeless Setting: Promising Practices](#) – National Health Care for the Homeless Council – 2014 – A great resource for those looking to hire consumers as staff.

HEALTH PARTNERS

ON IPV + EXPLOITATION

ABOUT HEALTH PARTNERS ON IPV + EXPLOITATION

Health Partners on IPV + Exploitation, a project of Futures Without Violence, offers health centers training on trauma-informed services, building partnerships, policy development, and the integration of processes designed to promote prevention and increase the identification and referral to supportive services for individuals at risk for, experiencing, or surviving intimate partner violence, human trafficking and exploitation.

Email: healthpartners@futureswithoutviolence.org

Website: <https://healthpartnersipve.org/>

Visit www.IPVHealthPartners.org, an online toolkit on how to build partnerships between community health centers and domestic violence programs to support survivor health.



ABOUT THE NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL

The National Health Care for the Homeless Council is the premier national organization working at the intersection of health care and homelessness. Grounded in human rights and social justice, the Council's mission is to build an equitable, high-quality health care system through training, research, and advocacy in the movement to end homelessness.

Email: ta@nhchc.org

Website: www.nhchc.org